



10550 PARK PLACE
ST. JOHN, INDIANA 46373

TEL: (219) 356-5694
FAX: (219) 365-5729
CROWNPOINTCHRISTIAN.ORG

Dear Pastor,

The family named on the accompanying form has given your name as a reference in an application to enroll their child(ren) in Crown Point Christian School. Please help us in completing the form and returning it as soon as possible. A copy of our Statement of Faith is also included for your reference. Your kindness in doing so will be of real service to the family and to us.

If, for some reason, you feel that you do not know this family well enough to answer the questions we have asked, please call upon an elder, deacon, or other church officer who may know them better to assist you in completing the form.

We believe that the church, home and school, which share a common biblical perspective, will be most successful in educating children in the Lord. Therefore, we strongly encourage school families to participate fully in the life and community of their churches. We would be most appreciative if you would notify the school office of any changes in this family's relationship to your church.

Thank you for your assistance.

In His service,

Ms. Carol Moxey
Education Administrator