



**PASTOR'S REFERENCE FORM  
PROSPECTIVE FAMILY  
CROWN POINT CHRISTIAN SCHOOL**

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**To be completed by family:**

Family Name \_\_\_\_\_  
Student Name(s) \_\_\_\_\_  
Name of Church \_\_\_\_\_  
Church Address \_\_\_\_\_  
Address, City, State & Zip  
Church Phone # \_\_\_\_\_  
Area Code & Number

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**To be completed by Pastor:**

Please comment briefly in regard to the above mentioned family:

1. How long have you known this family? \_\_\_\_\_
2. What church activities are the parents involved in? \_\_\_\_\_
3. How well do you know them? \_\_\_\_\_
4. How would you evaluate the following:
  - a. Parents' personal relationship to Jesus Christ: \_\_\_\_\_  
\_\_\_\_\_
  - b. Church Attendance: \_\_\_\_ Weekly \_\_\_\_ Monthly \_\_\_\_ Occasionally \_\_\_\_ Don't Know
5. Is this family a member of your church? \_\_\_\_\_
6. Do the students have problems personally or at home of which we should be aware?  
\_\_\_\_\_
7. List student(s) involvement in church activities (i.e. Sunday school, youth group).  
\_\_\_\_\_  
\_\_\_\_\_
8. Do you agree in totality with the CPCS Statement of Faith document?    Y    N

If you answered no, please comment on the areas in which you disagree.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please sign and date:

\_\_\_\_\_

Return to: Crown Point Christian School, 10550 Park Place, St. John, IN 46373  
219-365-5694 (p), 219-365-5729 (fax)