

Name of Applicant: _____

FAMILY REFERENCE

*When possible, this reference is to be completed by a member of the ECS school family. If this is not possible, this reference may be completed by a member of your church family.

Please answer the following questions:

- 1.) In what capacity do you know this family?
- 2.) Does the applicant (family) attend church?
- 3.) To your knowledge, has the applicant ever made a profession of faith and accepted Jesus as their personal Savior?
- 4.) Does the applicant (family) attempt to live a Christ-centered life? Explain.

- 5.) Is the applicant (family) involved in any type of ministry in the church or in some type of church-related outreach?

- 6.) Do you feel that the applicant (family) would fit into the ECS school culture? Why?

- 7.) Would you encourage Elyria Christian School to enroll the applicant? Why?

Signature _____ Date _____

Address _____ Phone _____

Please return this form directly to Elyria Christian School. (All comments contained on this form will be kept confidential.)

**Elyria Christian School
1644 Comanche Rd.
McPherson, KS 67460
620-241-2994/FAX 620-241-1238**