

Name of Applicant: _____

PASTORAL REFERENCE

Please answer the following questions:

- 1.) Does the applicant (family) attend your church? How frequently?

- 2.) To your knowledge, has the applicant ever made a profession of faith and accepted Jesus as their personal Savior?

- 3.) Does the applicant (family) attempt to live a Christ-centered life? Explain.

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

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

Pastor's Signature _____

Date _____

Name of Church _____

Phone # _____

Pastor: 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**