



"An Independent Christian School Ministry Serving the Cape Fear Region"
1422 Ireland Dr • Fayetteville, NC 28304 • (910) 483-3905 Office • (910) 483-6966 Fax • www.fayettevillechristian.com

PASTOR REFERENCE FORM 2008/2009

To the Pastor:

The student named below is a candidate for admission to FCS. We would appreciate your completing this form and returning it within one week to: FCS Admissions Office, 1422 Ireland Dr, Fayetteville, NC 28304 or Fax to (910) 483-6966.

Name of applicant \_\_\_\_\_ Candidate for grade \_\_\_\_\_

To be completed by any full-time Pastor on staff:

- 1. How long have you known the family?
2. Are you currently their pastor or associate pastor?
3. How would you evaluate the parents in the following areas:
a. Their church relationship, attendance, and loyalty
b. Their personal relationship to Jesus Christ
c. Their interest in having their child know and walk with the Lord
d. Do they command respect and obedience from their family?
4. To your knowledge, has this applicant accepted Jesus Christ as Savior?
5. What positive contribution would this applicant be likely to make at FCS?
6. In what areas do you feel we could possibly be most helpful to the child?
7. What are the first words that come to mind to describe this student?

I recommend this student: \_\_\_ enthusiastically \_\_\_ strongly \_\_\_ fairly strongly \_\_\_ with reservation

Additional Comments:

Pastor or Associate Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Phone ( ) \_\_\_\_\_
Church \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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