



Fayetteville Christian School

1422 Ireland Dr. Fayetteville, NC 28304 ▪ 910-483-3905

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www.fayettevillechristian.com

PASTOR/CHRISTIAN FAITH REFERENCE

Parents: *This form is to be completed by any Pastor on staff. However, if your family attends a large church, your small group or Sunday School Leader may complete the form. If you are new to the area, you may have your previous pastor complete this form or an individual who can speak with certainty about the students/parents commitment and relationship with Christ.*

To the Pastor, Small Group/Sunday School Leader or Mentor;

Name of Applicant _____ **Candidate for grade** _____

Name of Parents _____

- How long have you known the family? _____
- Are you currently their pastor or associate pastor? _____ If no, what is your relationship to the applicant?

- How well do you know the applicant/family?
 Just by name and sight. Have had few personal contacts.
 Fairly well. Have had a number of personal contacts.
 Have a close relationship.
- How would you evaluate the parents in the following areas:
 Their church attendance? _____
 Their personal relationship to Jesus Christ? _____
 Their interest in having their child know and walk with the Lord? _____
 Are their children respectful to them and to others? _____
- How do you evaluate the student in the following areas:
 Their church attendance? _____
 Their personal relationship to Jesus Christ? _____
- To your knowledge do the parents' and students' lifestyle align with biblical teaching in the areas of morality regarding marriage, sexual activity and substance abuse? _____
- In what areas do you feel we could possibly be most helpful to the student? _____

- What are the first words that come to mind to describe this student? _____

- Are there family or personal factors, either positive or negative, which might affect the applicant's success at FCS?

I recommend this student: enthusiastically strongly fairly strongly with reservation

I recommend these parents: enthusiastically strongly fairly strongly with reservation

Signature _____ Date _____

Name _____ Phone () _____

Church _____ Position _____

Address _____ City _____ State _____ Zip _____

*Please return within one week to: Fayetteville Christian School Admissions Office
1422 Ireland Dr, Fayetteville, NC 28304 or Fax to (910) 483-6966.*