

## PASTORAL REFERENCE

**Parents:** Please have your Pastor/Minister complete this form as part of your application package and have him or her send it directly to the Admissions Coordinator at Calgary Christian School.

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
 Church: \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
 Address \_\_\_\_\_ City/Prov/PC \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Dear Pastor:**

*The above family is applying to have their child/ren enrolled at Calgary Christian School. We would appreciate your taking the time to fully answer the following questions on their behalf. CCS believes strongly in the partnership among home, church, and school in the raising of children to become active, responsive Kingdom citizens; a commitment in a Christian community is required to achieve this.*

**1. How often does this family attend your worship services?**

Regularly (3-4 times/month)     Occasionally (1-2 times/month)     Rarely

**2. Are the parents members of your church?**  Yes     No

**3. How long has this family been attending your church?** \_\_\_\_\_

**4. How does this family serve your congregation and participate in church activities and ministries? Please specify for both parents and the children.**

\_\_\_\_\_  
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**Further comments/notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please mail, fax, or email this completed form directly to the school. Delay in receipt of this form may delay the registration and approval process. Thank you for your timely response and cooperation.***

Admissions Coordinator	Phone 403.242.2896 ext. 312
Calgary Christian School	Fax 403.686.1281
5029 26 Avenue SW	Email admissions@calgarychristianschool.com
Calgary, AB T3E 0R5	

If you have questions about this family and would like to speak to our Chaplain, Layne Killbreath, please contact him at 403/242.2896 ext. 342.