

Pastor Reference

After completing Part I, please give this reference form to a pastor or church leader who knows your family well.



Deeply Rooted, Bearing Fruit

Part I (This section to be completed by parent.)

Family name (parent/guardian) _____

Address _____

City _____ State _____ Zip _____

Student name(s) _____

Part II (This section to be completed by pastor.)

Dear Pastor:

Calvin Christian School provides an educational program for the children of Christian parents who believe that each academic discipline should be taught from a distinctively biblical perspective.

The above named family has applied for admission to Calvin Christian School. Calvin Christian requires that at least one parent of each student be a professing Christian. The school would appreciate your responses to the following questions.

How long have you known this family? _____

Is at least one parent a professing Christian? Yes _____ No _____

Comments _____

How regularly does this family attend? _____

Are there any special circumstances of which we should be made aware? Yes _____ No _____

Comments _____

Pastor's Name (please print) _____

Name of Church _____ Phone _____

Address of Church _____

Pastor's Signature _____ Date _____

Thank you for your cooperation. Please submit this completed form directly to:

Calvin Christian School, 4015 Inglewood Avenue S, Edina, MN 55416

Email: admissions@calvinchristian.org

Fax: 952-927-4628