Pastor’s Reference

Our School has been established to provide Christian education primarily for children from Christian homes. During considering of applications, the present involvement of the child and their parents in other forms of Christian development is taken into account. This is done in order that the School and the home might be seeking to achieve similar goals.

Parents Would you please complete the relevant section of this form and give it to your Pastor for completion and return to the School.

Pastor Would you please assist by completing this confidential reference form and return it direct to the School, to:

The Executive Secretary, Toongabbie Christian School,
PO Box 765, Toongabbie 2146

Thank you for your assistance.

CONFIDENTIAL

Parents to complete this section:

Name of Child _____________________________________ Applying for Grade ___________ in 2_______________

Name of Child _____________________________________ Applying for Grade ___________ in 2_______________

Name of Child _____________________________________ Applying for Grade ___________ in 2_______________

Parent/s Names ___________________________________________________________________________________

Church attended __________________________________________________________________________________

Address of Church ________________________________________________________________________________

Pastor’s name _________________________________________________ Phone No: _________________________

Activities Parent(s) attends: Church services □ am □ pm – Father

□ am □ pm – Mother

Activities Child/ren attend/s: Church services □ am □ pm

Sunday School □

Youth Group □

Boys/Girls Brigade □

Other                                      _____________________________________________

Has the child made a personal commitment to Christ? ___________________________________________________
CONFIDENTIAL  Pastor to complete this section:

Approximate length of association _____________________________________________

Assessment of specific teaching and practices of the family that would complement those of a Christian School.

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Special circumstances to be taken into account.

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Signed  Title (Pastor, Rev., etc.)

Phone No. ____________________________  Date ________________________________