



# Pastor Reference Form

Parent's Name \_\_\_\_\_ Applicant(s) Name/Grade \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear Pastor:

The family listed above is applying for enrollment at Lakeland Christian School. We believe that the home, the church and the school must partner together to effectively provide Christian education to the student. We appreciate your assistance in providing input for use in our admissions process.

**How long have you known the family?** \_\_\_\_\_

**I know this family...**  As close friends     Well     Generally acquainted     Not very well

### Church Attendance

<b>Father</b>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Twice/month	<input type="checkbox"/> Monthly	<input type="checkbox"/> Infrequently
<b>Mother</b>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Twice/month	<input type="checkbox"/> Monthly	<input type="checkbox"/> Infrequently
<b>Applicant(s)</b>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Twice/month	<input type="checkbox"/> Monthly	<input type="checkbox"/> Infrequently

### Church Membership

<b>Father</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Mother</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Applicant(s)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Involvement in Church Ministries

<b>Father</b>	<input type="checkbox"/> Highly Involved	<input type="checkbox"/> Some Involvement	<input type="checkbox"/> None
<b>Mother</b>	<input type="checkbox"/> Highly Involved	<input type="checkbox"/> Some Involvement	<input type="checkbox"/> None
<b>Applicant(s)</b>	<input type="checkbox"/> Highly Involved	<input type="checkbox"/> Some Involvement	<input type="checkbox"/> None

**For 6<sup>th</sup>-12<sup>th</sup> Grade students:** Is the applicant involved in church youth activities?  Regularly     Sometimes     Rarely

*Lakeland Christian School desires to partner with families that are truly interested in an education rooted in a commitment to biblical truth. Every subject and activity is based on the school's vision for "Education in the Light of God's Word" and is an opportunity for instilling a biblical world view. We want to encourage faithful participation in the local church and work with the family and the church to provide a strong intellectual and spiritual foundation for our students.*

### Are the priorities of this family compatible with the school's mission and goals?

<b>Father</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Somewhat	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
<b>Mother</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Somewhat	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
<b>Applicant(s)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Somewhat	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

### If you were a member of the admissions committee, how would you vote to accept this student?

Enthusiastically     Willingly     With Reservations     Deny Admission

If you have additional comments for consideration, please use the back of this form (if mailing response) or a separate sheet (if faxing).

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

Pastor's Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Church \_\_\_\_\_ Phone number \_\_\_\_\_

We cannot process the student's application until this information is received. Please mail or fax this form to:  
 Lakeland Christian School • 1111 Forest Park Street • Lakeland, FL • 33803 • Phone (863) 688-2771 • Fax (863) 682-5637  
 If you prefer to give the recommendation over the phone, please call our registrar, Reva Thornton.