

# PASTORAL REFERENCE FORM

Applicant's Name : \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Pastor, Youth Leader, or Sunday School Teacher:**

Please fill out the remainder of this form to the best of your knowledge and mail it to Grace Christian School, 649 Crater Lake Avenue, Medford, OR 97504 or fax to (541) 858-7288. Thank you for your candid assessment of this candidate.

- Please describe the level of this family's involvement in your church:

Father:	Saved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Church Attendance:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom/None
Mother:	Saved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Church Attendance:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom/None
Student:	Saved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Church Attendance:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom/None

- How long has the student/family been at your church? \_\_\_\_\_ How long have you known the family? \_\_\_\_\_

In what other capacities is the family involved in your church?(e.g. Youth Group, Bible Study, Sunday School Teachers, etc...) \_\_\_\_\_

- How would you describe the applicant's relationship with his/her parents? \_\_\_\_\_

- What best describes the applicant's relationship to other adults in authority?  
 Excellent, seldom any problem       Occasional problems  
 Many problems       Unknown

~ Please continue on reverse ~

- What do you consider the student's outstanding talents or strengths? Give examples, if possible.

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- What do you consider to be the applicant's weaknesses or areas for growth?

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- Are there any current needs/concerns which we should know about to better minister to this student?

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- How can GCS partner with your church to minister to this family?

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- Your overall recommendation (please check one):

- I wholeheartedly recommend this student
- I recommend this student but have some reservations (please explain below)
- I do not recommend this student (please explain below)

Explanation or additional comments: \_\_\_\_\_

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Please provide your contact information. All information will be kept confidential.

Name (printed) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position \_\_\_\_\_ Institution \_\_\_\_\_

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