



**First Baptist**  
**CHRISTIAN SCHOOLS**

237 N. Main St.  
Suffolk, VA 23434  
(757) 925-0274

## PASTOR REFERENCE FORM

**Name of applicant** \_\_\_\_\_ **Candidate for grade** \_\_\_\_\_

**INSTRUCTIONS:** Ask your pastor or associate pastor complete the information below. If current circumstances prevent you from obtaining a pastor's reference, please explain here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### To be completed by a Pastor or Associate Pastor:

1. How long have you known the family? \_\_\_\_\_
2. Are you currently their pastor or associate pastor? \_\_\_\_\_
3. Please evaluate the parents in the following areas:  
 Their church relationship, attendance, and loyalty \_\_\_\_\_  
 Their personal relationship to Jesus Christ \_\_\_\_\_  
 Their interest in having their child know and walk with the Lord \_\_\_\_\_  
 Do they command respect and obedience from their children? \_\_\_\_\_
4. To your knowledge, has this student accepted Jesus Christ as Savior? \_\_\_\_\_
5. In what ways do you feel that a Christian school could be most helpful to this child? \_\_\_\_\_  
 \_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Church \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

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

**Please return within one week to the address shown above**