



PASTORAL REFERENCE

HCS believes it is essential for the families of its students to be in fellowship with a local church and under pastoral care. Please fill in your name and give this form to your pastor, youth pastor, or an official from your church. Please have them complete this form and send directly to Hosanna Christian School.

Name of Applicant: _____

Parents: _____

Dear Pastor,

The above student is seeking admission to Hosanna Christian School. Since the purpose of Hosanna Christian School is to support parents by providing a Christian education, the school requires that all students be of good character and be able to interact in harmony with the other students and faculty.

We would appreciate your observations in the areas listed below. Please use a question mark where you have insufficient information on which to make a judgment. This information will be regarded as confidential and will only be used for the purpose of making our admissions decision.

For Pastors Of Returning Applicants Only

Pastor, please mark and sign if there were no significant changes in church attendance or character since the last reference.

Signature: _____ Date: _____

Position: _____

If no changes noted, there is no need to complete form. Simply sign and date above.

How well do you know this student?

Well Some Little Records Only How many years? _____

How well do you know the parents?

Well Some Little Records Only How many years? _____

CONCERNING THE PARENTS

Christian Commitment of Father

- ____ Very Evident And Beyond Question
- ____ Clearly Above Average
- ____ Somewhat Committed
- ____ Gives No Evidence Of Commitment

Christian Commitment of Mother

- ____ Very Evident And Beyond Question
- ____ Clearly Above Average
- ____ Somewhat Committed
- ____ Gives No Evidence Of Commitment

Church Relationship

- ____ Active Members In Good Standing
- ____ Not Members But Active Supporters
- ____ Somewhat Supportive
- ____ Not Supportive

Church Attendance

- ____ Faithful and Regular
- ____ Occasional
- ____ Infrequent
- ____ Never

Parental Control

- ____ Firm, Consistent Control
- ____ Adequate Control
- ____ At Times Lacking
- ____ Lacking

Child's Response to Parents

- ____ Exceptionally Obedient, Honoring
- ____ Good Obedience Evidenced
- ____ Acceptable
- ____ Poor

Parent/Child Relationship

- ____ Exceptionally Open, Warm, Loving
- ____ Usually Open, Warm, Loving
- ____ Frequently Strained
- ____ Poor

Recommendation of This Family

- ____ Excellent
- ____ Good
- ____ Fair
- ____ Poor



Comments:

CONCERNING THE STUDENT

Integrity

- ____ Exceptionally Upright
- ____ Upright, No Cause To Question
- ____ Weak Or Questionable
- ____ Record Of Dishonesty

Moral Qualities

- ____ Excellent
- ____ Good
- ____ Fair
- ____ Poor

Personal Qualities

- ____ Outstanding Person In All Respects
- ____ Considerable Appeal, Quite Strong
- ____ Generally Okay, No Strengths/Weaknesses
- ____ Poor Impression, Unstable, Very Immature

Emotional Stability

- ____ Exceptionally Stable
- ____ Well Balanced
- ____ Excitable Or Unresponsive
- ____ Hyper-Emotional Or Apathetic

Spiritual Commitment

- ____ Outstanding, Much Evidence
- ____ Good, Considerable Evidence
- ____ Occasionally Weak Or Lacking
- ____ Very Weak Or Little Evidence

Influence On Peers

- ____ Very Good
- ____ Positive
- ____ Neutral
- ____ Negative

Recommendation As A Student

- ____ Excellent
- ____ Good
- ____ Fair
- ____ Poor

Recommendation As A Person

- ____ Excellent
- ____ Good
- ____ Fair
- ____ Poor

ADDITIONAL COMMENTS ABOUT APPLICANT

To the best of your knowledge, please give a brief response to each of the following items. Not all questions are age applicable for all children. Please mark N/A for questions that do not pertain.

Respect For Adults: _____

Does the applicant use tobacco? Yes No Alcoholic beverages? Yes No Narcotic drugs? Yes No

Ever been in trouble with the law? Yes No If yes, please explain: _____

If your child were a student in our school, would you want the applicant to be a classmate and friend? Yes No

If no, please explain: _____

Has the applicant, to your knowledge, ever been expelled from school? Yes No If yes, please explain: _____

To your knowledge, has the student attended another Christian school? Yes No If yes, was it a positive experience?

Yes No If no, please explain: _____

Are you willing to be involved in any pastoral care situation that may arise at school regarding this family? Yes No

Additional Comments: _____

Signature: _____ Position: _____

Church: _____ Address: _____

Phone: _____ Date: _____

Thank you very much for your time and effort. Please send to: Hosanna Christian School

