



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

