



Rocky Christian School

5204 - 54 Avenue, Rocky Mountain House, AB T4T 1S5
Phone: 403-845-3516 e-mail: rocky-christian@wrsd.ca

PASTORAL REFERENCE FORM FOR NEW MEMBERS

Parents: Please have your Pastor complete this form as part of your Membership Application.

Name: _____

Dear Pastor:

Your name has been given as a reference by the above who are seeking to enroll their child in Rocky Christian School. We would appreciate your cooperation in taking a few minutes to answer these questions:

1. How long have you known the applicant? _____
2. Is the applicant a member of your church? _____
3. How often does (s)he attend worship services? always usually occasionally rarely
4. Is the applicant active in church ministries? _____

Please specify:

5. As far as you know, is his/her lifestyle consistent with belief in Jesus Christ as Lord and Saviour?

6. Other comments:

Date: _____

Pastor's Name (please print)

Pastor's Signature

Pastor's Church

Pastor's Phone Number