



CROSSROADS CHRISTIAN SCHOOL

P.O. Box 249 ♦ Henderson, NC 27536 ♦ (252) 431-1333 Office ♦ (252) 431-0333 Fax ♦ www.ccscolts.org

PASTOR REFERENCE

To the Pastor:

The student named below is a candidate for admission to CCS. Please complete this form and return it within one week to: CCS Admissions Office, P.O. Box 249, Henderson, NC 27536 or FAX to (252) 431-0333. Thank you for your time.

Name of Applicant _____ Candidate for Grade _____

To be completed by any full-time pastor on staff:

1. How long have you known the family? _____
2. Are you currently their pastor or associate pastor? _____
3. How would you evaluate the parents in the following areas:
 - a. Their church relationship, attendance, and loyalty _____
 - b. Their personal relationship to Jesus Christ _____
 - c. Their interest in having their child know and walk with the Lord _____
 - d. Are their children respectful and obedient? _____
4. To your knowledge, has this applicant accepted Jesus Christ as Savior? _____
5. What positive contribution would this applicant be likely to make at CCS? _____

6. In what areas do you feel we could possibly be most helpful to the child? _____

7. What are the first words that come to mind to describe this student?

I recommend this student: Enthusiastically Strongly With reservation
 I would not recommend this student.

Church: _____

Pastor or Associate Pastor's Signature _____ Date _____

Position: _____ Phone: (____) _____

Church: _____

Address: _____