

PASTORAL LETTER OF REFERENCE

Northville Christian School
Admissions Office
 41355 Six Mile Road Northville, MI 48167
248-348-9031 Fax: (248) 348-5423

Please print or type. (Parent complete the boxed section and give form to pastor.)

| | | | |
|----------------|------------------------------------|-------|----------|
| Student's Name | Name(s) of Parent(s) | Phone | |
| Address | City | State | Zip Code |
| Name of church | Pastor completing this application | | |
| Church Address | City | State | Zip Code |

TO THE PASTOR: Your recommendation is highly valued to us as we consider this applicant for admission to Northville Christian School. We at NCS are motivated by the purpose of being an extension of the home. Therefore, in light of our purpose, we ask that you complete this form carefully and return it directly to us.

How long have known the applicant? _____ Does the applicant attend church regularly? _____

To the best of your knowledge, has the applicant made a meaningful commitment to Jesus Christ? _____

To the best of your knowledge, are the applicant and family living a consistent Christian life? _____

To what extent have you had the opportunity to observe his/her church life? _____

Is the parent / guardian of the applicant actively involved in church service activities? _____ To what extent? _____

To what extent do you recommend this applicant? Enthusiastically _____ Willingly _____ Questionably _____ Not at all _____

OPTIONAL: Please attach additional information or comments about the student applicant if you so desire.

Signature of pastor: _____ Date: _____