

## PASTORAL REFERENCE FORM

Dear Pastor or Church Leader,

\_\_\_\_\_ has applied for admission to Trinity Oaks Christian Academy. Our school functions best when our efforts are combined with the Christian influences of the student's home and church. Please give us your candid response to the following questions.

1. Are the student's parents active in your church? Specify.
2. How long have you known the family?
3. Do these parents demonstrate a consistent desire to raise their children to love and serve Jesus Christ?
4. From your contact with the family, would you expect them to be faithful in maintaining their financial commitments?
5. Does the student have any special needs or demonstrate any special strengths of which you are aware?
6. Are there additional comments that you feel would be helpful for us to know about this family?

Please send this completed form to:

Trinity Oaks Christian Academy  
409 N. First Street  
Cary, IL 60013  
TEL: 847.462.5971  
FAX: 847.462.5972  
Attn: Admission

Person completing form \_\_\_\_\_  
(Signature)

Position \_\_\_\_\_

Church Name & Address \_\_\_\_\_

\_\_\_\_\_

Church phone number \_\_\_\_\_