

PASTORAL REFERENCE

BEREAN CHRISTIAN SCHOOL
A ministry of Edgemont Bible Church

5100 North Illinois Street
Fairview Heights, IL 62208
(618) 825-0609

Pastor's Name: _____ Church: _____

Address: _____

Dear Pastor,

_____ has submitted an application for their child(ren)
_____ to Berean Christian School. You would greatly assist us by completing this form and sending it to us at the above address. Thank You.

- 1) How long have you known the family? _____
- 2) How well acquainted with the family are you? (circle)
Closely Casually Not Well Other _____
- 3) Does the family, including the child(ren) listed above, attend church together? (circle)
Yes No Other _____
- 4) Does the family and child(ren) listed above participate in regular meetings, youth groups, special meetings, and other church functions? (circle)
Always Sometimes Rarely Don't Know Other
er _____
- 5) What in your judgment is the spiritual interest of the family?
Interested Indifferent Antagonistic Don't Know Other
er _____
- 6) What in your judgment is the spiritual interest of the child(ren) listed above?
Interested Indifferent Antagonistic Don't Know Other _____
- 7) In your opinion, do you feel that the above child(ren) will be able to respond positively to a disciplined learning environment?
Yes No Other _____