



American Spirit academy

EL Christian Studies
46682 Florence Street, East Liverpool, OH 43920

www.elchristian.org
Phone: 330-385-5588 Fax: 330-385-1267

PASTOR REFERENCE FORM

Dear Pastor: We believe it is vital for the home, church, and school to work together in the development of children. Thank you so much for helping us get to know this family better. If you need a copy of the Authorization to Release Reference form this family has signed to release you from liability please contact us at the number listed above.

Name of Applicant _____

Father's Name _____

Mother's Name _____

Church Attendance Practice:

(circle one)

Father	Regular	Seldom	Never
Mother	Regular	Seldom	Never
Applicant	Regular	Seldom	Never

Active Participation in church program:

(circle one)

Father	Yes	No
Mother	Yes	No
Applicant	Yes	No

With the knowledge you have of the E. Liverpool Christian School explain how you feel this student and family will co-operate with our school program?

Student: _____

Parents: _____

Other information you feel will be helpful in evaluating this family:

Pastor's Signature _____ Phone(____) _____
Church _____ Date _____

Please mail or fax this form to the school.