

PASTOR REFERENCE

Cornerstone Christian School

34570 Monte Vista Drive

Wildomar, CA 92595

Office 951.674.9381

Fax 951.674.8462

Student Name _____

Parent Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

TO BE COMPLETED BY YOUR PASTOR

The above named student has applied for enrollment to Cornerstone Christian School. It is our intent to be selective in our admission process as we seek to provide a safe and loving Christ-centered environment where all students have the opportunity to grow and succeed. Please assist us in our selection process by completing the following information and returning it directly to the school at the address above. *All responses are kept confidential. Your input and rapid response are appreciated, as further enrollment consideration can not proceed until this information is available.*

1. How long have you known the family? _____

2. How well do you know the applicant? _____

3. Parent's relationship to church: Member Non-member Active Non-active

4. Family's church attendance: Regular Occasional Seldom

5. Which family members evidence a personal relationship with Jesus Christ? _____

6. Does the applicant participate in any church activities? Yes No If yes, please describe: _____

7. Do you believe that in order to become a Christian and inherit eternal life, one must realize that he/she is a sinner (Romans 3:10, 23), believe that Jesus died for his/her sins (John 3:16; Romans 10:9-10) and ask Jesus Christ to come into his/her life and take away his/her sins (John 1:12)? Yes No

8. Do you believe there is anything additional a person must do to receive salvation? Yes No
If yes, please explain _____

9. If you were administering a school, would you have any concerns about this applicant if he/she were applying at your school? Yes No If yes, please explain _____

10. What is your overall recommendation regarding the student: High Sufficient Hesitate No

Your Name (Print) _____

Signature _____ Position _____ Date _____

Name of Church _____ Phone _____

Address _____ City _____ State _____ Zip _____