

Calvary Temple Christian Academy

3301 South 20th Street Philadelphia PA 19145-5810

PHONE: 215-462-2822

FAX: 215-551-7951

Family Reference Form

(One per family)

This section to be completed by the family (please print):

Father/Guardian Name _____ Mother/Guardian Name _____

Student Name _____ Grade Applying For _____

Student Name _____ Grade Applying For _____

Student Name _____ Grade Applying For _____

Home Phone _____

Address: Number and Street _____

City _____ State _____ Zip _____

This section to be completed by the family's pastor/minister, elder or someone in authority in the church you attend:

Dear Respondent:

The family above is applying for their child(ren) to be admitted to our school. They are required to have a pastoral reference. The Admissions Office will appreciate your candid assessment of the family by answering the questions below. Please keep in mind that Calvary Temple Christian Academy has a progressive academic setting with a Christ-centered philosophy of education. Please send the completed form to the attention of the **Admissions Office** at the above address. Thank you for your cooperation.

1. How long have you known the family? _____ In what capacity? _____

2. Are the parents (circle one): Church members Regular Attendees Other

Please explain: _____

How often does the family attend church?

Regularly (3-4 x/month) Irregularly (1-2 x/month) Seldom (less than once a month)

3. What leadership positions has the family held in your church? _____

Continued on the reverse side

4. Are the children involved in the activities of your church? Yes No

If yes, what? _____

5. Please comment on family's cooperation and involvement in the discipleship of the child(ren) _____

6. What are the family's strengths? _____

7. In what areas does the family need to improve? _____

8. Please describe any significant family problems that could interfere with the child(ren)'s education and development. _____

9. Please comment on the family's Christian commitment _____

May we call you about this family? Yes No Phone _____

Respondent's name (please print) _____ Title _____

Church Name _____

Church Address _____

City _____ State _____ Zip _____

Respondent Signature

Date