

#100-295 Midpark Way SE
Calgary, Alberta
T2X 2A8
Website: www.tcskids.com



Main Office: 403-254-6682
Business Office: 403-254-6716
Fax: 403-254-9843
Email: trinity@tcskids.com

PASTORS REFERENCE FORM

Dear Parents;

Please complete this portion of the Reference form and ask your pastor to complete the bottom portion and return it to us.

Parents' Name(s): _____

Children's Names: _____ Grade: _____
_____ Grade: _____
_____ Grade: _____
_____ Grade: _____

Pastor's Name: _____ Church: _____

Pastor's Portion

Dear Pastor;

The above family has made an application to enroll in Trinity Christian School. Please complete this form and mail it or fax it to 403-254-9843. Thank you for your assistance as together we seek to serve the needs of God's people and our Lord Jesus Christ.

- | | | |
|--|------------------------------|-----------------------------|
| Do the parents attend church regularly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do the children attend regularly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are the parents active in church activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

In a sentence or two, please indicate the applicant's commitment to Jesus Christ and His church: _____

Are you willing to work with Trinity Christian School and this family should a need (problem) arise where such cooperation would benefit the student or family? Yes No

Any comments concerning the child/children that may benefit the teacher: _____

Church Phone: _____

Would you like us to contact you by phone? Yes No

Church e-mail address: _____

Date: _____ Signature: _____