

This form must be completed before the application process can be finalized

PASTOR'S STUDENT REFERRAL

Heritage Christian School
239 Mount Herman Road, Hudson, NC 28638
Phone (828) 726-0055, Fax 728-2459

Student Name: _____

Church Name: _____

Church Address: _____

_____ Phone _____

We at Heritage Christian School realize that to be successful with our students there must be a cooperation between the home, church, and school. We cannot accomplish our mission if students are not in regular attendance in a Bible-believing church. Would you please take a moment and fill out this brief questionnaire for this student.

1. Is this student in regular attendance in church? ___ Yes ___ No
2. Do the parents regularly attend the church you pastor? ___ Yes ___ No
3. In your opinion would this student be a positive or negative influence on other students in the school? _____ Positive ___ Negative
4. Feel free to write any additional comments on the back of this form.

Pastor's Signature _____

Please be assured that your answers will not be discussed with this family. We have provided a stamped return envelope for your convenience. Thank you.

CONFIDENTIAL

Please mail this form back to Heritage Christian School in the envelope provided.