

HOLLAND MARSH DISTRICT CHRISTIAN SCHOOL SOCIETY

ENROLMENT APPLICATION

PASTOR'S REFERENCE

This form is to be completed by you as the pastor, elder or church official having knowledge of the Christian commitment and church membership and attendance of the student's parent(s)/guardian(s). Please return it to the student's parent(s)/guardian(s) or fax / email it directly to the school.

Fax: (905) 775-2395 Email: hmdcs@hmdcs.ca

Name of Church Official: _____

Position Held: _____

Church: _____

Church Address: _____

Church Phone #: _____ Email: _____

Parent / guardian name(s): _____

I have known them/him/her for _____ years.

They/he/she attends church _____ (weekly? monthly?)

They/he/she are involved in the following ways: _____

Please comment on the faith commitment of the parent(s)/guardian(s) to Jesus Christ:

Signature: _____ Date: _____

Thank you for your assistance.