



**PASTORAL REFERENCE FORM**  
Seventh-Twelfth Grades

STUDENT APPLICANT \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_

The above named student is enrolled in or has applied for admission to Arrowhead Christian Academy. We would appreciate the following information about this applicant and family. The information will be kept in strict confidence. Your prompt attention would be appreciated. Please mail the form directly to the school. Thank you.

**To be completed by a Pastor or Church Leader:**

Describe the family's church attendance:

Father	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Fairly regularly	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	Seldom/Never
Mother	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Fairly regularly	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	Seldom/Never
Applicant	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Fairly regularly	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	Seldom/Never

To the best of your knowledge, is the applicant born again?  Yes  No  Not sure

What best describes the applicant's relationship toward parents (Obedient, respectful, loving?)

<input type="checkbox"/> Excellent, seldom any problem	<input type="checkbox"/> Many problems
<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Unknown

What best describes the applicant's choice of associates?

<input type="checkbox"/> Consistently selects good friends	<input type="checkbox"/> Unselective, troublesome
<input type="checkbox"/> Some friends who are not helpful	<input type="checkbox"/> Unknown

What best describes the applicant's habits? (Morals, language, driving, amusements, etc.)

<input type="checkbox"/> None or few problems	<input type="checkbox"/> Serious problems
<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Unknown

Please evaluate the applicant's over-all Christian testimony:

<input type="checkbox"/> Strong and positive	<input type="checkbox"/> Sometimes questionable
<input type="checkbox"/> Above average and growing	<input type="checkbox"/> Poor
<input type="checkbox"/> Growing	<input type="checkbox"/> Unknown

Do you recommend that this applicant be admitted to Arrowhead Christian Academy?  Yes  No

A general statement regarding the applicant or family would be helpful. Use the back if additional space is needed.

Church: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_