



PASTORAL REFERENCE

TO BE COMPLETED BY THE FAMILY

Parent/Guardian Name (s): _____ Date _____

Applicant(s) Name/Grade: _____

Street Address: _____

City, State, Zip: _____ Phone: _____

Church Name: _____ Pastor: _____

My family and I have attended this church since: _____

My family and I regularly attend Weekly Worship service _____ Mid-week Program _____

TO BE COMPLETED BY A PASTOR

The above family has applied to Shalom Christian Academy. Prior to their acceptance, we would appreciate your input regarding the spiritual commitment of family.

Do you personally know the family? Yes _____ No _____

How long have you known the family? _____

Do you know the student(s) that is applying? Yes _____ No _____

Are members of the family active in the church? Yes _____ No _____ Uncertain _____

Please explain: _____

For 6th – 12th Grade students: Is the applicant involved in church youth activities? Regularly _____ Rarely _____

Based on your personal knowledge of this family, would you recommend this family to Shalom? Yes _____ No _____

Please explain: _____

Any additional comments: _____

Signature _____ Date _____

Pastor's Name (please print) _____ Title _____

Church _____ Phone Number _____

Please return completed form to:
Shalom Christian Academy, Admissions
126 Social Island Road Chambersburg, PA 17202

