## Pastor's Reference Form

Fam	ily Name	Church Affiliation
Name of Church		Pastor's Name
Addı	ress of Church	
Church Phone		Church Fax
SEC	TION 2 – To be filled out by Pastor	-
Pas	tor's Questionnaire	
1.	How long have you known this fa	amily?
2.	How long have they attended your congregation?	
3.	Does this family have membership in your church? [ ] Yes [ ] No	
4.	Does this family attend services and functions regularly?	
5.	List areas/ways in which this family is involved with or contributes to the li- and ministry of the church?	
6.	List ways that you believe their children would benefit from attending Timothy Christian School.	
7.	Any other comments	

Thank you for your response. Please Fax this form to Timothy Christian School @ 705-726-8571