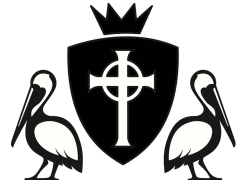


Pastoral Reference for Admission

Covenant Christian School

2145 North Ballas Road, St. Louis, Missouri 63131

Voice: 314-787-1036 Fax: 314-432-3989 Email: school@ccsstl.org



Parents/Guardians: Please submit this form along with the attached vision and doctrinal statements to your pastor or the church leader who is most familiar with your family. Please also provide the accompanying self-addressed envelope to the person completing this reference. If you have any questions please contact the school office at 314-787-1036 or school@ccsstl.org.

For the Family

Family Name: _____

Address: _____

Names and grades of students seeking enrollment at Covenant Christian School:

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

For the Pastor

The family named above, applying for admission to Covenant Christian School, is required to have this form on file before being considered for admission. Covenant School, a ministry of Covenant Presbyterian Church (PCA), seeks to provide a Christ-centered, grace-filled and academically excellent education for our students. Covenant requires that at least one parent of each student be a professing Christian. Because we believe that church attendance and active participation in the local church are essential for a child's total education, we request that this form be completed by the family pastor as part of the admission process.

Please complete this form to the best of your knowledge. Your prompt attention is appreciated. Submit the completed form directly to Covenant Christian School in the envelope provided. This evaluation and its contents will be used only in connection with the admission decision. All information will be kept confidential.

Name of person completing this form: _____

What is your relationship with this family? _____

How well do you know this family? _____ How long? _____

Is this family active in your church? _____ If yes, in what ways?: _____

Is at least one parent or guardian a professing Christian? _____ Comments: _____

Are there any matters that you feel would be helpful to the school's administration in evaluating the family's application for admission to Covenant Christian School?

Does this family attend worship services?_____ How often?_____

After reading our attached doctrinal statement, what recommendation would you give for this family to be considered for admission to Covenant Christian School?

_____Strongly Recommend _____Recommend _____Do Not Recommend

Is there anything else you would like to share?_____

Church:_____

Church Address:_____

Denominational affiliation:_____

Signature:_____ Date:_____

Thank you for the information you have provided to us about this applicant's family. If you would like further information about Covenant Christian School or if you would like to discuss the contents of this form with us, please check the box to the right and our Head of School will contact you. _____Contact

If there is no self-addressed envelope with this form, please send the completed form to:

Rev. John Roberts, Head of School
Covenant Christian School
2145 N. Ballas Road
St. Louis, Missouri 63131
Fax: 314-432-3989
email: school@ccsstl.org