

PASTORAL REFERENCE

**For all new families and current families re-enrolling their students into 7th grade
Parents complete and sign top portion and forward to your pastor:**

Family Last Name _____

Address _____ City _____

State _____ Zip Code _____ Phone _____

Children Applying to CCS	Grade
_____	_____
_____	_____
_____	_____
_____	_____

How long have you and your family attended this church? _____

Which of your family are members? _____

Which services do you and your family attend regularly? _____ Sunday School
 _____ Sunday Morning Service _____ Sunday Evening Service _____ Mid-Week Service

I, the undersigned, hereby voluntarily waive any right to inspect the contents of this recommendation.

Applicant's signature _____ **Date** _____

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PASTOR'S QUESTIONNAIRE

The above family has applied to Cincinnati Christian Schools. Prior to their acceptance, we would appreciate your assistance in helping us to evaluate the spiritual commitment of this family and to determine whether Cincinnati Christian Schools' program is appropriate for their needs. Please feel free to make a copy of this questionnaire prior to its return to us, and discuss its contents with the family, if you so desire.

- Do you personally know the family? Yes _____ No _____
- Which members of the family are Christians?
 Father Yes ____ No ____
 Mother Yes ____ No ____

Children:

Name _____ Yes _____ No _____

Name _____ Yes _____ No _____

Name _____ Yes _____ No _____

Name _____ Yes _____ No _____

3. Are members of the family active in the work of the church? If yes, please explain:

4. Do you believe that this family has sought out Cincinnati Christian Schools as a result of their commitment to a Christ centered education?

_____ Yes _____ No _____ Uncertain

5. Based on your personal knowledge of the family and your understanding of the CCS Mission Statement, below, would you recommend this family to us?

_____ Yes _____ No

Why? _____

I would like to discuss this application further; contact me at this phone number: _____

Pastor's Name Printed and Signature

Date

Church

Title

Mission Statement

Cincinnati Christian Schools, partnering with Christian families, provides a **Bible-centered, 21st Century quality educational program** to **equip, train** and **disciple** students to follow **Christ** and impact **culture**.

Please return as soon as possible to:

Attn: Office of Admissions,
 Cincinnati Christian Schools, Inc.,
 7474 Morris Road, Fairfield, Ohio 45011
 Phone (513) 892-8500
 Fax (513) 892-0516
 Or e-mail to: records@cincinnatichristian.org

**This form needs to be returned to the address above. It will not be accepted if given to the family to return.
Thank you for your assistance!**