



PASTOR REFERENCE FORM

To be completed by the student's parents

Student: _____

Parent's Name: _____

Student's Address: _____

To be completed by Pastor

Pastor's Name _____

Church _____ Church Phone _____

How long have you known the student? _____

Please list some strengths of the child _____

Please list some weaknesses of the child _____

Will you recommend this child for Hilltop Christian School? _____

Please detail any comments or questions about this child that you deem necessary for us to know.

Pastor's Signature _____ Date _____

Please fax or mail this form to:

Hilltop Christian School
10212 Fayetteville Road
Fuquay-Varina, NC 27526
Phone: (919) 552-5612
Fax: (919) 552-3189