



**Hilltop**  
Christian School

## Pastor's Reference Form

TO BE COMPLETED BY THE STUDENT'S PARENTS

STUDENT: \_\_\_\_\_

PARENTS' NAMES: \_\_\_\_\_

STUDENT'S ADDRESS: \_\_\_\_\_

PASTOR'S NAME: \_\_\_\_\_

CHURCH: \_\_\_\_\_

CHURCH PHONE: \_\_\_\_\_

HOW LONG HAVE YOU KNOW THE STUDENT? \_\_\_\_\_

PLEASE LIST SOME STRENGTHS OF THE CHILD: \_\_\_\_\_

PLEASE LIST SOME WEAKNESSES OF THE CHILD: \_\_\_\_\_

WOULD 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  
PO BOX 1529  
FUQUAY-VARINA, NC 27526  
FAX : (919) 552-3189