

Pastor's Reference

HILLTOP CHRISTIAN SCHOOL



TO BE COMPLETED BY THE STUDENT'S PARENTS

STUDENT: _____

PARENTS' NAMES: _____

STUDENT'S ADDRESS: _____

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: _____

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 email a completed form to office@hilltopchristianschool.com

You may also mail a copy to:

HILLTOP CHRISTIAN SCHOOL
PO BOX 1529
FUQUAY-VARINA, NC 27526