



PASTOR'S REFERENCE FORM

TO BE COMPLETED BY THE STUDENT'S PARENTS:

STUDENT: _____

PARENTS' NAMES: _____

STUDENT'S ADDRESS: _____

TO BE COMPLETED BY THE STUDENT'S PASTOR:

PASTOR'S NAME: _____

CHURCH/PHONE: _____

HOW LONG HAVE YOU KNOWN THE STUDENT: _____

PLEASE LIST SOME STRENGTHS OF THE STUDENT: _____

PLEASE LIST ANY AREAS OF CONCERN FOR THE STUDENT: _____

WOULD YOU RECOMMEND THIS STUDENT FOR HILLTOP CHRISTIAN SCHOOL: _____

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

Pastor's Signature & Date

Please scan/email to janetstillman@hilltopchristianschool.com or mail to:

Hilltop Christian School

P.O. Box 1529

Fuquay-Varina, NC 27526

Attn.: Janet Stillman