PASTOR'S QUESTIONNAIRE

<u>Parents</u>: This form is to be completed by your Pastor and returned with the application.

FOR PARENTS

Full Name _____
First Middle Last

Home Address _____ Phone _____

City _____ State _____ Zip Code _____

Children applying: _____

_____

_____

_____

_____

Church: _____

Church Address _____ City _____ State _____ Zip _____

Pastor: _____

FOR PASTOR

The above family has applied for acceptance into our School. To aid in our evaluation of this family for admission, please share the following information.

1.) Do you personally know the family? _____Yes _____NO _____

2.) Has the family been in **regular** attendance for more than one year? _____ YES _____NO _____

3.) Has their attendance been (please check one) ____1, ____2, ____3-4, ____5-10, ____11-16 or more services per month?

4.) To your knowledge, do all members of this family profess Christ as Savior? _____YES _____NO _____

5.) If any part of question #4 is yes, please define the word "Christian," as expressed in your own church's statement of faith or its doctrinal position. _____

_____

_____

6.) Are members of this family active in the work of your church? _____YES _____NO

If yes, please explain. _____

_____

_____

7.) Based on your personal knowledge of the applicant family, would you recommend them for admission to Bethesda Christian Schools? _____YES _____NO

_____

_____

_____ _____

Pastor's Signature Date

Bethesda Christian Schools
7950 N. County Road 650 E. Brownsburg, IN 46112 (317) 852-3101