

CHURCH LEADER'S REFERENCE – CONFIDENTIAL*For K-12 Student Applicants***MUST BE COMPLETED BY PASTOR, YOUTH PASTOR, SUNDAY SCHOOL TEACHER, OR OTHER CHURCH LEADER****PARENTS:** PLEASE ENTER STUDENT APPLICANT'S NAME, GRADE, CHURCH, AND CHURCH LEADER'S NAME, AND SIGN BELOW (BOTTOM OF PAGE)

STUDENT APPLICANT: (please print) _____ GRADE APPLYING FOR: _____

CHURCH: _____ CHURCH LEADER'S NAME: (please print) _____

The family of the student named above has applied for admission to Cedar Park Christian Schools and has named you as a church leader reference. We would appreciate your candid and thorough assessment of this family/student. Please complete this reference form and return directly to CPCS by fax or mail (see below) within one week. This information will be kept confidential and will only be used for the purpose of admission. Thank you for your assistance.

<i>Please evaluate the Parents/Family:</i>	Excellent	Good	Average	Below Average	Unknown
Church relationship, attendance, loyalty					
Parents' personal relationships to Jesus Christ					
Their interest in having their child(ren) know and walk with the Lord					
Do they command respect and obedience from their child(ren)?					

Please evaluate the Student:

Demonstration of leadership					
Character, integrity					
Self-discipline					
Handles responsibility					
Influence on others					
Emotional stability, maturity					
Respect for adults					
Consideration for others, service to others					
To your knowledge, has this student accepted Jesus Christ as his/her Savior?					
Please list the student's areas of church involvement and activities:					

I have known the applicant for ___ years in my capacity as his/her Pastor Youth Pastor Other: _____ I recommend the applicant I do not recommend the applicant I recommend the applicant with reservationsComments:

Church Leader's Signature_____
Email Address_____
Senior Pastor's Name (please print)_____
Church Phone_____
Date***CHURCH OFFICIAL: Please fax or mail to Cedar Park Christian School:***

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|--|---------------------|---|
| <input type="checkbox"/> Bellevue Campus: Fax: 425-274-0469 | Phone: 425-746-3258 | 625 – 140 th Ave. NE Bellevue, WA 98005 |
| <input type="checkbox"/> Bothell Campus: Fax: 425-483-5765 | Phone: 425-488-9778 | 16300 – 112 th Ave. NE Bothell, WA 98011 |
| <input type="checkbox"/> Everett Campus: Fax: 425-357-9399 | Phone: 425-337-6992 | PMB 641 13300 Bothell-Everett Hwy Mill Creek, WA 98012 |
| <input type="checkbox"/> Lynnwood Campus: Fax: 425-745-9306 | Phone: 425-742-9518 | 17931 – 64 th Ave West, Lynnwood, WA 98037 |
| <input type="checkbox"/> Mountlake Terrace Campus: Fax: 425-774-3218 | Phone: 425-774-7773 | 23607 – 54 th Ave W, Mountlake Terrace, WA 98043 |

PARENT INFORMATION:

I (we) give permission for CPCS to contact the Church Leader or Pastor regarding this reference.

Parent's Signature: _____ Parent's Name (Please Print): _____

Parent's Phone: _____