



Pastoral Reference Form

(To be filled out for each student)

Student's Name:	
Parent's Name:	
Do you personally know this student? <input type="checkbox"/> Yes (how long? _____) <input type="checkbox"/> No	
Does this student attend your church regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Which of this student's family members, including the student, are Christians (have made a public profession of faith)?	
Does the student actively participate in your church (youth camps, mission trips, etc.)?	
On the basis of your knowledge of this student.... <input type="checkbox"/> I recommend this student without reservation. <input type="checkbox"/> I recommend this student with reservation. <input type="checkbox"/> I cannot recommend this student at this time.	
Additional comments, if desired:	
Signed:	Date:
Name (please print):	Title:
Church Name:	Church Phone:
Church Address:	Church Email
City:	State Zip

Please note that this information will remain confidential.
This completed reference form should be faxed or mailed to:

Watersprings School
4250 S. 25th E.
Idaho Falls, ID, 83404
Fax: (208) 441-6806