



CALVARY BAPTIST ACADEMY

177 WEST KLEIN ROAD • NEW BRAUNFELS, TX 78130
PHONE: 830.629.0049 • FAX: 830.609.2529 • WWW.CBATEXAS.ORG

PASTOR REFERENCE FORM

Please mail or fax to the address above.

_____		_____	
Student's Name		Applying for Grade	
Church Attendance	Regular	Irregular	Seldom
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Church Offices Held and/or Responsibilities:

Father _____

Mother _____

Comments: _____

Church-Related Activities	Sunday School	Youth Group	Other
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Observable interest in spiritual Things	High	Moderate	Low	Not Observed
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Relationship

Do you personally know this family? Yes No

How long have you known this family? _____

What is your relationship with this family? _____

Additional comments _____

Name (please print) Position Church

Signature Date