

# Kent Island Christian School

## Pastor Reference

Family Name:

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Family Address:

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Names of children applying to Kent Island Christian School:

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Dear Pastor,

The above named student has applied for admission to Kent Island Christian School. Kent Island Christian School endeavors to look at an individual from an academic, spiritual, and personal character basis. You have been asked by the family to help us in this process. Please complete this form and return it to us as soon as you are able. Your responses will be held in the strictest of confidence.

Kent Island Christian School is a ministry of the Kent Island United Methodist Church. We seek families who are committed to Christian education and high academic standards.

*Kent Island Christian School admits students of any race, color, sex or ethnic origin to all the rights and privileges of the school. Our goal is to serve the entire Christian community.*

Is the above family an active member of your church?

Yes

No

Have any members of the family held a leadership position in the church?

Yes

No

Are the children active in the youth/children's program of the church?

Yes

No

What is your understanding of this family's relationship to God?

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Are there any concerns that should be known by the school that could either positively or negatively influence the decision of the admissions committee?

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(OVER)

Do you recommend the family for admission to Kent Island Christian School?    \_\_\_ Yes                    \_\_\_ No

Pastor's Name \_\_\_\_\_

Signature \_\_\_\_\_

Church Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Please return to: Admissions Office, Kent Island Christian School**

**P.O. Box 260**

**Chester, MD 21619**

**410-643-9203 or fax : 410-643-8165**