



FAMILY INFORMATION

Parents - Please complete this section before giving to your pastor.

Name(s) of Parent(s): _____

Name(s) of Student(s): _____

PASTORAL REFERENCE

The family above has applied for admission to Hollandale Christian School. Your answers to the following questions will assist us in evaluating their application. Thank you for your help!

Pastor's Name: _____ Role: _____

Email Address: _____ Phone: _____

Church Name: _____

Church Address: _____

How long has this family attended your church? _____

How well do you personally know this family?

How often does this family attend church services?

Weekly 2-3x/month 1x/month Other _____

Which family members have been baptized?

In what ways is this family involved in your church?

Is there anything else that would be helpful to know about the faith commitment of this family?

Pastor's Signature: _____ Date: _____

Check one: This information is confidential This information can be shared with the family

OFFICE USE: Date Received

RETURN TO: Hollandale Christian School
203 Central Avenue South
Hollandale, MN 56045
info@hollandalechristian.org