

CHURCH REFERENCE FORM

Parents Name(s)			
Applicants Name(s)		Grade(s)	
Academyistoprovidequalityedumindandreachingtheheartofea	ucation, to practice a cademic excell	an Academy. The mission of Somer ence, and to promote Biblical leade avironmnent and training provided	rshipskills by teaching the
The following information is to	be completed by your pastor.		
CONCERNING THE PARENTS			
Christian Commitment Exemplary Clearlyevidentandbeyondquestion Gives no evidence of commitment	Church Relationship Members in good standing Not members, but supporters Not supportive	Church Attendance Faithfulandregular(3 services a week) Occasional Infrequent Never	Family Cohesiveness Strong, warm, loving ties Fairly Cohesive Needs strengthening Very weak
Parental Control Firm, constant control Adequate control At times lacking Lacking	Child's Response to Parents Exceptionallyobedientandhonoring Good obedience evidenced Acceptable Poor	Parent/Child Relationship Exceptionally open, warm, loving Usually open, warm, loving Frequently strained Poor	
How long have you know this fa	amily?		
Additional comments			



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CONCERNING THE APPLICANT

Integrity Exceptionally upright Upright, no cause to question Weak or questionable Record of dishonesty	Spiritual Commitment Outstanding, much evidence Good, considerable evidence Occasionally weak or lacking Very weak or little evidence	Influence on Peers Very good Positive Neutral Negative	Moral Reputation Outstanding Weak or Questionable Specific events call into question
Personal Qualities Outstanding person in all respects Considerable appeal, quite strong Generally good Poorimpression,unstable,immature	Emotional Stability Exceptionally stable Well-balanced Usually well-balanced Excitable Apathetic/unresponsive	Recommendation as a Student Outstanding Excellent Good Fair Poor	Recommendation as a Perso Outstanding Excellent Good Fair Poor
Howlonghaveyouknowtheapplic	cant?		
Please give a brief response to each	of the following items with respect t	to the applicant.	
Politeness			
Honesty			
Respect for adults			
Friendliness			
If your child was a student in our s	chool, would you want the applic	ant to be his or her classmate and t	friend? Yes No
Please explain			
Name		Title	
Name and address of church			
Church phone		Date	
The time and effort you have given to filling out this form is appreciated. Do not return this form to the family.		Please return the completed form to: Somerset Bible Baptist Christian Academy 42 Cedar Grove Lane, Somerset, NJ 08873	

(732) 805-9377 * FAX (732) 563-2745