

# CONFIDENTIAL PASTOR REFERENCE



50 East Broad Street | Fairburn, GA 30213 | Phone: 770-306-0647 | Fax: 770-969-6551 | www.landmarkchristianschool.org | admissions@landmark-cs.org

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## Parent

*Please sign this waiver and submit this form to a pastor at your church. Thank you.*

Parents' names \_\_\_\_\_

Applicant's name \_\_\_\_\_

My child is an applicant for admission to Landmark Christian School. I hereby authorize you to release to Landmark Christian School the following confidential reference form *that you should mail directly to the Landmark Christian School Admissions Office*. I waive my right to review the information provided on this form.

\_\_\_\_\_  
*signature of parent*

\_\_\_\_\_  
*name of parent (please print)*

\_\_\_\_\_  
*date*

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## Pastor

Thank you for completing this form in consideration of the above named family. Return this form to **Landmark Christian School Admissions Office**, 50 East Broad Street, Fairburn, GA 30213. Please know that this information will remain confidential. Thank you.

In what capacity have you known the family? \_\_\_\_\_

For how long? \_\_\_\_\_

Is this family actively involved in your church? Please explain. (*Active means attends church more than twice a month and takes part in church body life.*) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CONFIDENTIAL PASTOR REFERENCE (CONTINUED)

**I recommend this family to Landmark Christian School**

Enthusiastically	Strongly	Moderately	With Some Reservation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your name (please print) \_\_\_\_\_ *date*

\_\_\_\_\_ *signature* *position* *denomination*

\_\_\_\_\_ *church name* *telephone*

\_\_\_\_\_ *mailing address* *city* *state* *zip code*

Additional comments \_\_\_\_\_

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