



## Pastor's Reference Form

After you have completed Part I, please give this to your Pastor to complete and mail directly to New Covenant Christian School.

I. Family Name: \_\_\_\_\_

Family Address: \_\_\_\_\_

Names of children applying to New Covenant:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

### II. To be completed by the Pastor.

*Dear Pastor,*

*At New Covenant we are committed to supporting our families through partnering with the local church. By taking the time to fill out this form, you will equip New Covenant to better serve this family. Any information you provide will be kept confidential.*

*Thank you!*

Describe the family's church attendance:

Regular (3-4 times per month)    Irregular (1-2 times per month)    Seldom

Who in the family attends? (please check those that apply):    Both Parents    Father    Mother    Children

Approximately how long have they been involved with your church? \_\_\_\_\_

Is the family active in your church beyond Sunday attendance?    Yes    No

If yes, please explain. \_\_\_\_\_

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

Are the children active in the children/youth program of the church?    Yes    No

What are this family's strongest needs and how can New Covenant partner with your church to support them?

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

Based on your knowledge of the family, do you recommend them for admission to New Covenant Christian School?

Yes  No If not, why? \_\_\_\_\_

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Pastor's Signature: \_\_\_\_\_

Pastor's Name (Printed): \_\_\_\_\_

Name of Church: \_\_\_\_\_

Church Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Church Email Address: \_\_\_\_\_

Church Website: \_\_\_\_\_

Names of Additional Pastoral Staff: \_\_\_\_\_

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*Thank you for taking the time to complete this form.  
Upon completion, please send to address below.*

**New Covenant Christian School**  
452 Ebenezer Road, Lebanon, PA 17046  
717.274.2423  
717.274.9830 (fax)  
[www.nccspa.org](http://www.nccspa.org)  
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