



NEW COVENANT CHRISTIAN SCHOOL

PASTOR'S REFERENCE

TO BE COMPLETED BY FAMILY

Academic School Year: _____ Today's Date: _____

Family Name: _____

Home address: _____

Student Name: _____ Grade: _____
First Middle Last

Student Name: _____ Grade: _____
First Middle Last

Student Name: _____ Grade: _____
First Middle Last

Student Name: _____ Grade: _____
First Middle Last

Student Name: _____ Grade: _____
First Middle Last

Student Name: _____ Grade: _____
First Middle Last

TO BE COMPLETED BY 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. Information provided will be kept confidential.

Thank you!

Church Name: _____ Church Phone: _____

Church Address: _____

Church Website: _____

Pastor's Name: _____ Pastor's email: _____

Names of additional Pastoral Staff: _____



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Please describe the family's church attendance:

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

Who in the family attends? Check all 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 programs 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 NCCS? YES / NO If not, why not?

Pastor's Signature: _____ Date: _____

Thank you for taking the time to complete this form. Upon completion, please send this form back to:



APRIL SNYDER, Admissions Director
NEW COVENANT CHRISTIAN SCHOOL

452 Ebenezer Road, Lebanon, PA 17046
p 717.274.2423 | f 717.274.9830
asnnyder@nccspa.org