



HIGHROAD ACADEMY PASTOR'S CONFIDENTIAL REFERENCE FORM 2010-2011

This form is required for all new families making application to Highroad Academy and on behalf of any applicants for teaching, support staff or TOC positions.

> 01 To Be Completed By The Applicant

Family name _____ Parent name(s) _____

Name and grade of student applicant(s):

1. _____
2. _____
3. _____
4. _____

Pastor's name _____ Church _____

As parents, we understand that the information contained in this form is held in confidence between the school and the pastor and waive our right to examine it at any time.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

> 02 To Be Completed By The Pastor

The leadership of Highroad Academy believes that faithful and consistent church life adds to a family's spiritual growth and the ability of parents to nurture their children in the ways of the Lord. Our desire is to partner with local churches in the effective discipling of the next generation. Thank you for taking time to complete this form. Please return it directly to Highroad Academy. All information will be held in confidence between the pastor and the admissions team. The family has waived the right to view all submitted information.

Pastor's name _____ Church _____

Church Address _____

City _____ Province _____ PC _____

Phone _____ Fax _____ E-mail _____

> 02 To Be Completed By The Pastor continued

How long have you known this family? _____

How long have they attended your church? _____ Do they attend weekly? Yes No

Comments _____

Does this family faithfully contribute to the financial needs of your church? Yes No

Comments _____

Is this family a committed and functioning unit in your church? Yes No

Comments _____

How are the family members involved in ministry in your church? _____

Would you recommend this family as candidates for Highroad Academy? Yes No

Comments _____

Please make any additional comments you feel would be pertinent _____

Pastor's signature _____ Date _____

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