

**FAMILY INFORMATION**

Parents - Please complete this section before giving to your pastor.

Name(s) of Parent(s): \_\_\_\_\_

Name(s) of Student(s): \_\_\_\_\_

**PASTORAL REFERENCE**

The family above has applied for admission to Hollandale Christian School. Your answers to the following questions will assist us in evaluating their application. Thank you for your help!

Pastor's Name: \_\_\_\_\_ Role: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

How long has this family attended your church? \_\_\_\_\_

How well do you personally know this family?  
\_\_\_\_\_

How often does this family attend church services?

 Weekly     2-3x/month     1x/month     Other \_\_\_\_\_Which family members have been baptized?  
\_\_\_\_\_  
\_\_\_\_\_In what ways is this family involved in your church?  
\_\_\_\_\_  
\_\_\_\_\_Is there anything else that would be helpful to know about the faith commitment of this family?  
\_\_\_\_\_  
\_\_\_\_\_Are there days or times that would be most convenient for a brief follow-up phone call?  
\_\_\_\_\_

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

Check one:     This information is confidential     This information may be shared with the family**QUESTIONS?**Contact the school office at  
(507) 889-3321 or  
info@hollandalechristian.org**RETURN TO:**Hollandale Christian School  
203 Central Avenue South  
Hollandale, MN 56045