

Fairhaven Christian Academy Pastor/Church Leader Reference Form

Name of family applying to Fairhaven:
Mother's name:
Father's name:
Name/s and age/s of child/ren:
Pastor's Name:
Name of church:
Church website:
Church or pastor's phone number:
How long have you known this family?
Please answer to the best of your knowledge:
Does this family regularly attend your church? Yes—faithfully and regularly No, not regularly Only one of the parents (if so, which) Not sure
This family demonstrates a personal relationship with Jesus: Evident and beyond question Growth is evident No evidence of commitment Not sure

Email, text or send completed forms to fairhavenchristianacademy@gmail.com Text: (818) 434-7533 or send to P. O. Box 4246, Sunland, CA 91041



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Church membership:
Members in good standing
Not members, but exhibit commitment
Not members and not sure if they will become members
Is this family active in your church beyond weekly attendance? _Yes
No
Not sure
Is/are the above mentioned child/ren active in the Sunday school and/or youth program or youth group of your church?
Yes
No Not sure
Not sure
Do you consider the child/ren open to spiritual instruction? _Yes
No
Not sure
Is/are the child/ren respectful of authority and rules?
Yes
No
Not sure
Do you know this family to be consistent to their commitments and on time?
Yes
No
Not sure
Do you recommend this family to our Christian homeschooling co-op? _Yes, highly recommend with no reservation
Yes, with some reservations (please explain)
No, I don't recommend them
Not sure, because I don't know them very well
Lastly, please describe this family in three words:

Thank you very much for taking your time to provide a reference.

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