



11123 Cypress North Houston Road
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 Admissions: 281.469.7745
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 www.CypressChristian.org

CHURCH REFERENCE FORM

Pastor or Sunday School Teacher: Please complete the following and fax or mail to Cypress Christian School.

Name of church: _____ Phone: _____

Name/Title of church staff member or Bible class teacher: _____

Student's name: _____

1. Church Attendance

	Regular	Irregular	Seldom	Member
Father	[]	[]	[]	[]
Mother	[]	[]	[]	[]
Student 1	[]	[]	[]	[]
Student 2	[]	[]	[]	[]

2. Church Offices Held or Responsibilities

Father: _____

Mother: _____

3. Church-Related Activities

	Choir	Youth Group	Other Activities
Student 1	[]	[]	[]
Student 2	[]	[]	[]

4. Observable Interest in Spiritual Things

	High	Moderate	Low	Not Observed
Father	[]	[]	[]	[]
Mother	[]	[]	[]	[]
Student 1	[]	[]	[]	[]
Student 2	[]	[]	[]	[]

5. Born-Again Believer

We believe that in order to be born into God's family and have eternal life, one must realize he is a sinner (Romans 3:10, 23), believe that Jesus died for our sins (John 3:16, Romans 10:9), and that salvation is by faith in Jesus Christ alone (Ephesians 2:8,9).

	Yes	No	Not Known
Father	[]	[]	[]
Mother	[]	[]	[]
Student 1	[]	[]	[]
Student 2	[]	[]	[]

6. Relationship

Do you personally know this family? [] Yes [] No How long have you known this family? _____

What is your relationship with this family? _____

Based on my personal knowledge of this family I recommend them [] without reservation [] with reservation
 [] I cannot recommend this family at this time.

Additional comments: _____

Signature of staff member or teacher: _____ Date: _____