Pastoral Referral Form

Please have a pastor, church leader, Sunday School or Bible study leader, or current CERC Teacher answer the following questions and sign below or attach a signed letter containing the following information:

Father's First and Last Name: _____

Mother's First and Last Name: _____

Print each child's name enrolling at CERC: _____ _____

_____ _____

_____ _____

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Do you know the family personally? _____ Do you know the specific student(s) enrolling? _____

Do they attend your church? _____ Do you know if they attend your church regularly? _____

Would their family be a positive addition to our conservative Christian teaching co-op? _____

Would the student(s) be a positive addition to our co-op classes? _____

Additional Comments: _____

Position: _____ Church/Organization: _____

Signature: _____ Date: _____

Phone Number: _____ Email: _____
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