



1052 Fairfield Ave.
Eugene, OR 97402
(541) 689-5847

Lifegate Christian School

CONFIDENTIAL PASTORAL REFERENCE

To be completed by your Pastor, Youth Pastor, or Sunday School Teacher not related to the applicant

Student's Name _____ Grade _____
Last First M.I.

I have known the applicant for _____ years.

They attend church _____ weekly _____ bi-monthly _____ monthly _____ rarely

Student Rating:

	Please check one			
	Excellent	Good	Average	Below Avg.
Demonstration of leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
His/her influence on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful to parents and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you were responsible for a Christian school would you admit this student? _____

If no, please state reason: _____

Comments:

Does the applicant have a Christian testimony? _____

Does the applicant hold a position of leadership in a youth group or Sunday school? _____

What is your relationship to the applicant? _____

Your church and the denomination _____

Your address _____

Your phone number _____

Signed _____ Date _____

THANK YOU FOR YOUR TIME IN FILLING OUT THIS FORM

Please return to:

Lifegate Christian Mid/High School
Attn: Records Clerk
1052 Fairfield Ave.
Eugene, OR