



Teaching Them For Him

PASTOR / CHURCH LEADER QUESTIONNAIRE

Parent(s) / Guardian(s) please complete this section

Family Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Church Name _____ Address _____

City _____ State _____ Zip _____

Names of children and grades for which applying:

Pastor / Church Leader complete this section

The above named family has applied for acceptance or re-registration at Ebenezer Christian School. It is our desire to develop a supportive relationship between home, school, and church. Would you aid us by answering the brief questionnaire below? In this way we will gain more insight into the family, and you in turn might be able to use any updated material which appears above on our form.

Please return this form directly to the school within 7 days to aid in the application process. You are free to make a copy of the questionnaire and share its contents with the family if you desire.

1. Do you personally know the family? _____
2. Who in the family are members of the church and for how long have they been members?
3. Describe their worship service attendance: _____
Sunday School attendance: _____
4. Are members of the family active in the work of the church? _____ If "yes," please explain:

5. Which family members have professed a faith in Jesus Christ as their personal Savior?

Pastor's Signature

Print name

Date

Please mail to: Ebenezer Christian School, 9390 Guide Meridian Rd., Lynden, WA 98264