



PASTORAL REFERENCE

Dublin Christian Academy
PO Box 521
Dublin, New Hampshire 03444-0521

Name of Prospective Student _____

Your prompt completion of this evaluation form will be most helpful and gratefully appreciated. Consider the age of the student and answer questions to the best of your knowledge. **ALL INFORMATION IS STRICTLY CONFIDENTIAL.** You may submit the written form or **CALL (800) 537-6292** and give your reference by phone.

Section I

Rate the applicant by using the following code:

1 - excellent 2 - good 3 - fair 4 - poor

_____ Physical health	_____ Control of temper
_____ Influence of home	_____ Athletic ability
_____ Wholesome attitude toward the opposite sex	_____ Respectful attitude toward authority
_____ Neatness & appearance	_____ Mental ability
	_____ Truthfulness or honesty

Section II

To the best of your knowledge answer YES, NO, or DK (don't know). Does the applicant:

_____ Attend Sunday School regularly	
_____ Attend church regularly	_____ Dance
_____ Profess to be born again	_____ Drink
_____ Witness for Christ	_____ Smoke
_____ Enjoy his/her home	_____ Swear
_____ Have inconsistent home discipline	_____ Steal

Section III

How long and in what relationship have you known the student?

Why do you feel the parents want the student to attend Dublin Christian Academy?

If you were an official of the Academy, would you accept the student?

_____ fully _____ hesitantly _____ not at all

Signature _____ Date _____

Telephone (_____) _____