



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 Please complete this section:

The above family has applied for acceptance at our school. It is our desire to develop a supportive relationship between home, school and church. Please aid us by answering the brief questionnaire and mail, fax, or email it to the school. In this way, we will gain more insight into the family, and you in turn might be able to use any updated information that appears above on our form.

Please return this form directly to the school within 7 days to aid in the application process.

Rosehill Christian School
19830 FM 2920
Tomball, TX 77377

Phone: 281-351-8114
Email: sjohnson@rcseagles.org
Fax: 281-516-3418

Do you know the family personally? ___ Yes ___ No

How long has the family been in attendance? _____

Describe their worship service attendance? _____

Are members of the family active in the work of the church? ___ Yes ___ No

If yes, please explain: _____

Which of the family members are Christians (have accepted Jesus Christ as their personal Savior)? *You may note Statement of Faith.*

Based on your personal knowledge of this family and our desire to support the Christian home and church, would you recommend acceptance? ___ Yes ___ No

Why? _____

Pastor / Church Leader's Signature: _____ **Date:** _____