



**Scotfield Christian School
REQUEST FOR CHURCH REFERENCE
Office of Admissions
7730 Abrams Road
Dallas, Tx. 75231
(214) 349-6843 (214) 342-2061 Fax**

(Parents, please complete boxed portions before giving to your minister, youth minister, church elder, or Sunday school teacher.)

Family's Name _____ Religious Affiliation _____

Student Applicant's Name _____ Applying for Grade _____ Religious Affiliation _____

Address _____ City _____ State _____ Zip _____ Phone _____

Church Official's Name _____ Church Position _____

Church _____

Address _____ City _____ State _____ Zip _____ Phone _____

Church Official's
Signature _____ Date _____

1. I have known the applicant and his/her family for _____ years.

2. Are the parents members of your church? Yes No

3. Is this applicant a member of your church? Yes No

4. Is this applicant involved in your church youth group? Yes No

5. Rate Parents' Church Attendance weekly occasionally does not attend

6. Rate Student's Church Attendance weekly occasionally does not attend

7. How are the parents and the student involved in your church? _____

8. Please provide any additional comments regarding this family _____

Please return to Scotfield Christian School