

# PASTORAL REFERENCE FORM

## I. TO BE COMPLETED BY FAMILY APPLYING TO ST. AUGUSTINE

Family Name \_\_\_\_\_ Church Name \_\_\_\_\_

Church Address \_\_\_\_\_

Church Phone \_\_\_\_\_ Date submitted to Pastor \_\_\_\_\_

Names and grades of children seeking admission to St. Augustine:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

## II. TO BE COMPLETED AND MAILED TO ST. AUGUSTINE BY PASTOR, ELDER, OR DEACON.

What is your office held at the church? \_\_\_\_\_

How long have you known this family? \_\_\_\_\_

Describe the family's church attendance:  Regular  Occasional  
Church membership:  Father  Mother  Student  None

Is the family active beyond regular Sunday attendance?  Yes  No

Explain \_\_\_\_\_

Do you consider the children open to spiritual instruction?  Yes  No

Explain \_\_\_\_\_

Are there any concerns regarding the family or applying children that should be considered regarding admission to St. Augustine?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you recommend this family to St. Augustine School?  Yes  No

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

**Please mail to: St. Augustine School, Office of Admissions, 1202 Highland Colony Pkwy, Ridgeland, MS 39157**  
**Or scan and email to: [admissions@augustinems.com](mailto:admissions@augustinems.com)**