

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