

**Burley Christian School**

PO Box 729

Burley WA 98322

Fax 253.857.0093

burleychristian@juno.com

**FAMILY REFERENCE FORM**

**Instructions: Please have your pastor complete and mail or fax this form to the school.**

Parents' Names: \_\_\_\_\_ School Year: \_\_\_\_\_

Parents' Phone hm \_\_\_\_\_ cell \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Church:

Church Address:

How long have you known the family?

Please evaluate the following:

Church Involvement/Attendance:

Christian Testimony:

Quality time with children:

Moral Character:

**Burley Christian School**  
PO Box 729  
Burley WA 98322-0729

Family Application Form

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

We would like to enroll the following children:

Child's Full Name                      Birthdate (mo/day/yr)                      Grade Entering

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHURCH INFORMATION**

Church attending: \_\_\_\_\_ How Long? \_\_\_\_\_

Location: \_\_\_\_\_

Pastor: \_\_\_\_\_

Do you regularly attend?    yes    no                      Member?    yes    no

Please have your pastor fill out and return the attached reference form.

Return this application to the school office. Submission of this form does not guarantee enrollment acceptance. An interview will be arranged upon receipt and review of the Family Reference Form.