

Burley Christian School

PO Box 729

Burley WA 98322

Fax 253.857-0093

burleychristian@bbcol.org

FAMILY REFERENCE FORM

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

Parents' Names: _____ School Year: _____

Parents' Phone # home _____ 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: