

**CEDAR PARK CHRISTIAN SCHOOL  
INDEPENDENT STUDY PROGRAM 2020-2021**

**MUST BE COMPLETED BY PASTOR, YOUTH PASTOR, SUNDAY SCHOOL TEACHER, OR OTHER APPROVED CHURCH LEADER**

**PARENTS:** First complete this information section:

Family's name: \_\_\_\_\_ School year applying for: \_\_\_\_\_

Student applicant name: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**CHURCH OFFICIAL:** Please fax or mail to Cedar Park Christian School:

Bothell Campus: Fax: 425-483-5765 Phone: 425-488-9778 16300 – 112<sup>th</sup> Ave. NE Bothell, WA 98011  
**Attention: Independent Study Program, Dr. Kay McIntosh**

*The family above has applied for admission to Cedar Park Christian Schools and has named you as a church reference. We would appreciate your candid and thorough assessment of this family/student. Please complete this reference form and return directly to CPCS by fax or mail within one week (see above). This information will be kept confidential and will only be used for the purpose of admission. Thank you for your assistance.*

I have known the applicant for \_\_\_\_\_ years in my capacity as his/her  Pastor  Youth Pastor  Other: \_\_\_\_\_

	Excellent	Good	Average	Below Average	Unknown
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*Please evaluate the **Parents/Family**:*

Church relationship, attendance, loyalty					
Parents personal relationship to Jesus Christ					
Their interest in having their child(ren) know and walk with the Lord					
Do they command respect and obedience from their child(ren)?					

*Please evaluate the **Student**:*

Demonstration of leadership					
Character, integrity					
Self-discipline					
Handles responsibility					
Influence on others					
Emotional stability, maturity					
Respect for adults					
Consideration for others, service to others					

To your knowledge, has this student accepted Jesus Christ as his/her Savior?

Comments:

Please list the student's areas of church involvement and activities:

I recommend the applicant  I do not recommend the applicant\*  I recommend the applicant with this reservation\*

*\*Please explain on reverse or on a separate paper. Please feel free to include any additional information or call us if you prefer to speak to the administrator directly.*

\_\_\_\_\_  
Pastor's name (please print)

\_\_\_\_\_  
Pastor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Church

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone