

Calvin Christian School

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Pastor's Questionnaire Form for International Families

Name of the family _____ Date _____

Name of the student _____ Grade _____

Pastor's Name: _____

Church name: _____

Mailing Address: _____

Telephone _____ Fax _____ Email _____

1. Does the family attend your church faithfully? _____ Yes _____ No
_____ Weekly _____ Monthly _____ Less than once a month

Comments: _____

2. How long have they attended? _____ Are they members? _____ Yes _____ No

3. How are the PARENTS involved in your church? _____

4. Describe the spiritual maturity of the PARENTS ? _____

5. What is the STUDENT'S involvement in church? _____

6. What is the STUDENT'S spiritual maturity? _____

7. Any further comments that would help us understand this family? _____

Please sign this, then mail or fax directly to the school using the information at the top of the page.

Pastor's Signature _____ Date _____