

**SEYMOUR COMMUNITY CHRISTIAN SCHOOL**

P.O. Box 849  
Seymour, TN 37865  
(865) 577-5500

**PASTORAL REFERENCE**

Name of student: \_\_\_\_\_

How long has this student been a member of your church? \_\_\_\_\_

How long have you known this student (if different)? \_\_\_\_\_

Are this student and his/her family actively involved in the ministries of your church? \_\_\_\_\_

What ministries? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe why you think this student would benefit from attending Seymour Community Christian School. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would Seymour Community Christian School benefit from having this child as a student?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brief personal reference: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Church name/address/phone number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_