UPTON LAKE CHRISTIAN SCHOOL PO Box 63 Clinton Corners, NY 12514 Phone 845-266-34897

Phone 845-266-3489/ ulcs@uptonlake.com



PASTOR REFERENCE

| Dear Pa | Pastor: | |
|---------|--|-------------------------|
| and has | family is in the process of applying for admission to Upton Lake Chris listed you as their pastor, or as the person best suited to evaluate their spiritual life. We believe Christian parents responsible for the education of their children alongside church and school teacing spiritual truth. We ask that you answer the following questions to the best of your knowledges. | e that God ching and |
| 1. | How long have you known the family? | |
| 2. | Are they active members of your church?a. If so, in what ways? | |
| 3. | Do the parents profess Jesus Christ to be their personal Lord and Savior? | |
| 4. | We greatly appreciate any observations you care to share. | |
| 5. | Do you recommend this family for admission to Upton Lake Christian School? YesNo Yes, with reservation | |
| Your N | Name: Signature: | |
| Best co | ontact phone number: | |
| Name o | of Church: | |
| | n Address: | |
| Would | you appreciate a phone call from our principal about the application or information about the sc | hool? |

Thank you for your prompt attention to this form. Please mail to the address above.