



Admissions Application-Pastor Reference

Dear Pastor,

Please answer the following questions about the family named below to assist us in making an enrollment decision for this child. The mission of Covenant Classical Christian School is to infuse a Biblical worldview in all academics, fine arts, and athletics to prepare students to glorify our Savior in all their endeavors.

You may return this form directly to our school office at 3120 Covenant Road, Columbia, SC 29204. Attach additional pages if necessary. If you have any questions please contact us at (803) 787-0225

3120 Covenant Road
Columbia, SC 29204
Phone: (803) 787-0225
E-mail: cccs@covenantcs.org
Web: www.covenantcs.org

Sincerely in Christ,
Kevin M. Bolen
Head Administrator

Student's Legal Name: _____ Grade: _____

Father's Name: _____ Mother's Name: _____

Waiver

I hereby authorize my pastor and/or any individuals who are familiar with my church involvement to provide information to Covenant Classical Christian School as part of my admissions application. I hereby voluntarily waive any and all rights I may have to privacy and/or confidentiality pertaining to my church involvement insofar as the information is released solely to school officials who are evaluating my family's suitability for enrollment.

Signature: _____

1. Does this family attend church regularly?
2. How are they involved in the life of the Church?
3. How do you feel this family would become an asset to our school?
4. Briefly describe their commitment to the Lord Jesus Christ.

Pastor Signature: _____ Date: _____

