



Oklahoma Christian School

P.O. Box 509, Edmond, OK 73083 (405) 341-2265 Fax (405) 341-4710
www.ocssaints.org

Pastor/Youth Pastor Reference

for students entering Grades 6-12

(Parents should complete top portion of form before giving to Pastor)

Name of Family: _____

Name of Student: _____ Entering Grade: _____

Dear Pastor:

The family above has applied for admission to our school and has named you as their pastor. The admission office would appreciate your candid estimate of the involvement of this family in your church. Please return this form to OCS, P.O. Box 509, Edmond, OK 73083, Attn: Charlotte Marcus (Admission Director). All information will remain confidential. Thank you.

Pastor's Name: _____

Name of Church: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

1) Does the above family attend your church faithfully?

Weekly Monthly Less than once a month

2) How long have they attended? _____

3) Are they members of your church? Yes No

4) How are the parents involved in your church? _____

5) How is the student involved in your church? _____

6) Please comment briefly on the profession of faith of this family: _____