CHURCH REFERENCE FORM

Parent to fill out:
Parent(s) Name: _____
Student Name and Grade: _____
How often does your family attend church? _____

PLEASE ASK A CHURCH OFFICAL TO COMPLETE AND RETURN TO FBS AT THE ADDRESS BELOW.

DEAR CHURCH OFFICAL,
Part of the application process for First Baptist School of Laurel is a reference form completed by a church official at the applicant's church. This information will aid in the admissions process as well as the ministry which FBS will have with the family should enrollment materialize. We appreciate your completion of this form as well as your ministry in the community.

Please check one:

☐ I have completed the form in its entirety.

☐ I am unable to complete the form and would prefer to discuss this reference by phone. I will contact First Baptist School Office at 301-490-1076.

Please check one and write a comment where appropriate.

Parents church attendance: ☐ Regular ☐ Not Regular ☐ Not Known
Comment:_____

Student church attendance: ☐ Regular ☐ Not Regular ☐ Not Known
Comment:_____

Parents are members of your church: ☐ Yes ☐ No

Student is a member of your church: ☐ Yes ☐ No

How many years has this family been involved in your church? _____

Other comments:
_____
_____
_____
_____

_____ _____ _____
CHURCH OFFICAL'S SIGNATURE DATE CHURCH OFFICAL'S AREA OF MINISTRY

_____ _____
NAME OF CHURCH CHURCH PHONE

_____
CHURCH ADDRESS (STREET/CITY/STATE/ZIP)

Thank you for your time. Please send this completed form to:
First Baptist School of Laurel, 15002 First Baptist Lane, Laurel MD 20707