

**COASTAL CHRISTIAN HIGH SCHOOL**  
709 George Anderson Drive • Wilmington, NC 28412  
(910) 395-9995 • admissions@coastalchristian.net

**CONFIDENTIAL PASTOR REFERENCE FORM**

***To the Pastor:***

*The student named below is a candidate for admission to Coastal Christian High School. It would be appreciated if this form could be completed and returned within a week to : Coastal Christian High School Admissions Office, 709 George Anderson Drive, Wilmington, NC 28412.*

Name of applicant \_\_\_\_\_ Candidate for grade \_\_\_\_\_

**To be completed by any full-time pastor on staff:**

1. How long have you known the family? \_\_\_\_\_

2. Are you currently their pastor or associate pastor? \_\_\_\_\_

3. How would you evaluate the parents in the following areas:

A. Their church relationship, attendance, and loyalty \_\_\_\_\_

\_\_\_\_\_

B. Their personal relationship to Jesus Christ \_\_\_\_\_

C. Their interest in having their child know and walk with the Lord \_\_\_\_\_

\_\_\_\_\_

D. Do they command respect and obedience from their family? \_\_\_\_\_

4. To your knowledge, has this applicant accepted Jesus Christ as Savior? \_\_\_\_\_

5. What positive contribution would this applicant be likely to make at CCHS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. In what areas do you feel Coastal could possibly be most helpful to the applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pastor or Associate Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***Please return within one week to:***

CCHS Admissions Office, 709 George Anderson Drive, Wilmington, NC 28412