



# CALVARY CHAPEL RIALTO CHRISTIAN SCHOOL

1391 W. Merrill Ave., Rialto, CA 92376 • (909) 820-9072 • fax (909) 820-7399 • school@ccrialto.org • www.ccrialto.com

## PASTOR'S QUESTIONNAIRE FOR THE \_\_\_\_\_ - \_\_\_\_\_ SCHOOL YEAR New Enrollments

**PURPOSE OF THE PASTOR'S QUESTIONNAIRE:** To assist in the development of Christian character and lifestyle, we require at least one contracting parent to be born-again and regularly attend a Christian church. Regular attendance by parents and students goes hand in hand with church and school goals. The teaching of the Bible is approached with the emphasis on the inerrancy of the original Scriptures, the need for salvation through faith in Jesus Christ as personal Savior, and the ministry of the Holy Spirit that enables the Christian to live a godly life.

Please complete Section A, then give it to your pastor to complete Section B. When complete, please return it to the school.

### A. PARENTS (TO BE COMPLETED BY THE PARENTS):

Family Name:		Phone Number:	
Father's Name:		Mother's Name:	
Marital Status: Married <input type="checkbox"/> Date of Marriage: _____ <input type="checkbox"/> Engaged <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Date of Divorce: _____			
Address:		City:	Zip:
Student's Name:	Grade:	Student's Name:	Grade:
Student's Name:	Grade:	Student's Name:	Grade:
Church Name:		Phone Number:	
Address:		City:	Zip:
How long have you attended your present church?	How often do you attend service? <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally (at least once a month) <input type="checkbox"/> Seldom (less than once a month)	Which services do you attend regularly? <input type="checkbox"/> Sunday Worship <input type="checkbox"/> Wednesday Worship <input type="checkbox"/> Weeknight Bible Study <input type="checkbox"/> Other:	
If you serve in a ministry, please list			
Why have you chosen Calvary Chapel Rialto Christian School?			

### B. PASTOR (TO BE COMPLETED BY THE PASTOR OF THE CHURCH YOU ATTEND):

The above-mentioned family has applied for acceptance into our school. It is our desire to work with you in a total evaluation of the family prior to students being accepted into our school. Would you aid us by answering the brief questionnaire below? Please feel free to make a copy of this questionnaire prior to its return to us, and share its contents with the family, if you so desire.	
Do you personally know the family? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is at least one parent a born-again Christian? <input type="checkbox"/> YES <input type="checkbox"/> NO
Discuss the parent's relationship with the Lord and current fellowship:	
Is the family active in the work of the church? If so, how:	
Pastor's Signature:	Phone Number:
Pastor's Name (Please Print):	Date Completed:

Thank you for your time. Please return this questionnaire to the following address **AS SOON AS POSSIBLE:**  
Calvary Chapel Rialto Christian School, 1391 W. Merrill Ave., Rialto, CA 92376

