

**CHURCH REFERENCE FORM**

This section is to be completed by the family applying to Liberty Christian School.

FAMILY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

HOME CHURCH: \_\_\_\_\_

NAMES AND GRADES OF CHILDREN APPLYING TO LCS:

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

THIS SECTION IS TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION.

\_\_\_\_\_  
Your Name Position in the church/relationship to applicant

\_\_\_\_\_  
Address Phone Number

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

2. To the best of your knowledge has this person professed Christ as Lord and Savior? \_\_\_\_\_

3. Share examples of spiritual growth you have witnessed in this person.

\_\_\_\_\_

\_\_\_\_\_

**Please return this form to:**

**LIBERTY CHRISTIAN SCHOOL**

**Attn: Director of Admissions**

**11303 Liberty Road**

**Owings Mills, MD 21117**