



**SPIRITUAL REFERENCE FORM  
(Sunday School Teacher, Pastor)**

Applicant's Name: \_\_\_\_\_ Applying to Grade: \_\_\_\_\_

This student is applying to Legacy Community Christian School, a University-Model Christian school, offering a college preparatory program. Please answer the following questions to the best of your ability.

1. Does the student attend church on a regular basis? \_\_\_\_\_
2. Does the student attend Sunday school on a regular basis? \_\_\_\_\_
3. Does the student participate in children's/youth activities? \_\_\_\_\_
4. Does the student demonstrate leadership abilities? \_\_\_\_\_
5. Does the student demonstrate Christian character traits? \_\_\_\_\_
6. Does the family attend church on a regular basis? \_\_\_\_\_
7. Would you recommend this student for admission to a Christian school? \_\_\_\_\_
8. How long have you known the applicant? \_\_\_\_\_

If you have answered NO to any of these questions, please comment on the back of this page.

Please list any additional comments that would assist us in making a decision about admitting this student to Legacy.

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Church: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this recommendation form. All information will be considered strictly confidential.

Please mail or email this form to one of the following:

Legacy  
P.O. Box 520  
Brenham, TX 77834  
dkeller@legacybrenham.org