



# Calvin Christian Collegiate Pastoral Reference Form

Parents: Please have your pastor complete this form as part of your application.	
Father's name: _____	
Mother's name: _____	
Names and grades of children who are applying to attend Calvin Christian Collegiate:	
1	2
3	4

Dear Pastor,

Calvin Christian Collegiate is a private school in Manitoba, Canada, dedicated to developing Christian leaders who serve God in all areas of life. Through our courses and caring staff, students develop their gifts and explore, experience and evaluate all of life under God. We offer a broad academic program that includes arts and music, athletics, information technology and apprenticeship programs.

In our International Student Program our goal is to provide a learning environment in which students can gain an understanding of a new culture while they mature both academically and spiritually. We recognize the importance of international students integrating into the broader CCC culture, yet we also celebrate the gifts and diversity that students from other countries bring to the community. To assist students as they study and transition to a new school and country, we offer English as an Additional Language classes.

As a Christian school we work with parents to nurture children in the way of the Lord. We realize that families are in many different places when it comes to their faith journey; however, it is important to us that families are committed to learning more about God and how they can faithfully respond to Him.

The above noted parents are seeking to enroll their children in Calvin Christian Collegiate. We would appreciate your cooperation in taking a few minutes to answer these questions. Your insight and understanding will help us in the admission process.

1. How long have you known this family? \_\_\_\_\_
2. Are the parents members of your church? \_\_\_\_\_
3. Do they regularly attend worship services? Please comment: \_\_\_\_\_  
\_\_\_\_\_
4. Are the parents active in church ministries? Please specify: \_\_\_\_\_  
\_\_\_\_\_
5. How do you expect the student(s) to benefit from attending Calvin Christian Collegiate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. How might the school community benefit from the student's attendance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Is there anything we should know about this student or the family concerning special challenges or problems? \_\_\_\_\_

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8. Additional comments \_\_\_\_\_

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\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Church

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

The completed form may be mailed or faxed directly to:

**Calvin Christian Collegiate**

**706 Day St.**

**Winnipeg, MB R2C 1B6**

**Canada**

**Fax: (204) 222-8511**

or returned to the parents.

Thank you for your time and cooperation.