



# Ashburton Christian School – 'To God Alone the Glory'

PO Box 632, Ashburton 7740, Phone (03) 307 6340, principal@acs.school.nz

Dear Referee,

You have been given this form by a parent wishing to enrol their child into Ashburton Christian School.  
Please fill out the following sections as fully as possible. Thank you for your time.

Your Name: \_\_\_\_\_ Church: \_\_\_\_\_

Name of parents applying: \_\_\_\_\_ Date: \_\_\_\_\_

Your relationship to the applicant: \_\_\_\_\_

Please write a brief statement about the faith of the parents:

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Please rate the church attendance of the family (check box)

1. Never       2. Occasionally.       3. Monthly       4. Fortnightly       5. Weekly \*

\*(when possible, notwithstanding family or work commitments)

Please write any other comments that would be helpful in decisions regarding enrolment of the children:

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Signature: \_\_\_\_\_ Contact number: \_\_\_\_\_

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