

## **Church Reference**

Family Name:	Student's Name:
Desired Grade of Entry (e.g. Kindergarten):	
Desired Calendar Year of Entry (e.g. 2025):	
Dear Referee	
This family is applying for enrolment at Northcross requested below. If you are unable to comment on assistance.	Christian School. Kindly complete the information any question, please leave blank. Thank you for your
1. How long has the family attended your chu	rch?
2. Does the family have any involvement in ch	urch?
3. How would you describe the character and	Christian commitment of the family?
Please provide information regarding the st church)	rudent/s (e.g Student's involvement in the life of the

Phone: (02) 9809 5252



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5. Any additional information that is may assist us in caring for the student if he/she is accepted at Northcross Christian School?	
Name of person completing this reference:	
Position at the Church:	
Email address:	
Signature:	Phone:
Date:	Denomination:
Name of Church:	
Address of Church:	

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