

Sioux Falls Christian Schools Spiritual Life Form

Date of Application _____

This section to be completed by parent/Guardian before it is given to the pastor.

Parent/Guardian Name(s) _____
Street Address _____ Telephone _____
City _____ State _____ Zip _____

Name (s) of student(s) applying for admission:

1. _____

2. _____

This section to be completed by pastor.

The above family is applying for admission to Sioux Falls Christian Schools. Please answer the following questions.

What is the name of your church? _____

Is it a Christian church based on the Word of God? _____

Is this family a member of you church? _____

Does this family regularly attend worship services at your church? _____

In what activities do members of this family participate? _____

Does this family have a spiritual commitment to the Lord and His work? _____

Pastor Name _____ Pastor Signature _____

Thank you for your assistance,
Sioux Falls Christian Schools
