



Westminster

CHRISTIAN SCHOOL

6855 SW 152 Street, Miami, FL 33157
www.wcsmiami.org
(305) 233-2030
(305) 253-9623 fax

Pastor/Church Leader Questionnaire

Parent(s) / Guardian(s) please complete this section

Family Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Church Name _____

Address _____ City _____ State _____ Zip _____

Names of children and grades for which applying:

Pastor / Church Leader:

The family named above has applied for acceptance or re-registration at our school. It is our desire to develop and maintain a supportive relationship between home, school and church. Please complete the brief questionnaire below to give us an insight into the family. The completed questionnaire may be mailed or faxed directly to the school or given to the family for delivery. Your prompt completion of the questionnaire is greatly appreciated.

1. Do you personally know the family? _____

2. Which members of the family are members of the church and for how long have they been members?

3. Describe their worship service attendance _____

Sunday School attendance _____

4. Are members of the family active in the work of the church? _____ If "yes", please explain.

5. Which family members have professed a faith in Jesus Christ as their personal Savior?

Additional comments _____

Pastor's Signature _____ Print Name _____ Date _____