

**Olds Koinonia Christian School**  
**Box 4039 Olds, AB T4H 1P7**  
**Phone: 403-556-4038 email: [spaulsen@cesd73.ca](mailto:spaulsen@cesd73.ca)**

\_\_\_\_\_ have filled out an application for their child(ren) to be enrolled in Olds Koinonia Christian School. As their Pastor, would you please complete this form as confidential information for the school files and return it to OKCS at your earliest convenience. *Thank you!*

**Father:**

How long have you known him?	Does he attend your church regularly?	Is he actively involved in church work?	Has he accepted Christ as his personal Saviour?
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What responsibilities does he have in the church?

**Mother:**

How long have you known her?	Does she attend your church regularly?	Is she actively involved in church work?	Has she accepted Christ as her personal Saviour?
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What responsibilities does she have in the church?

**Children:**

To your knowledge, has(ve) the child(ren) made a personal decision to follow Christ?
Are the children well-behaved?

**Family:**

Is this family supportive of your ministry and of your work in the church?

Do you feel that this family will be supportive of a Christ-centered school?

**Comments:**

<b>Pastor's Name:</b>	<b>Signature:</b>	<b>Date:</b>
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<b>Church Name:</b>	<b>Address/Phone Number:</b>
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