



CONFIDENTIAL TESTIMONIAL FORM

*To be completed by the Pastor or Elder of the Church attended by the parent/s
Please forward this form marked to the attention of the 'Marketing & Enrolments Manager' in the pre-paid envelope
supplied or email to Ruston.Long@kcc.wa.edu.au*

Mother's Name	Father's Name
a) Is personally known to me: <input type="checkbox"/> YES <input type="checkbox"/> NO	a) Is personally known to me: <input type="checkbox"/> YES <input type="checkbox"/> NO
b) Attends/participates in worship <input type="checkbox"/> Weekly <input type="checkbox"/> Regularly (no less than monthly) <input type="checkbox"/> Infrequently <input type="checkbox"/> Not at all	b) Attends/participates in worship <input type="checkbox"/> Weekly <input type="checkbox"/> Regularly (no less than monthly) <input type="checkbox"/> Infrequently <input type="checkbox"/> Not at all
c) Is a member of your Church: <input type="checkbox"/> YES <input type="checkbox"/> NO	c) Is a member of your Church: <input type="checkbox"/> YES <input type="checkbox"/> NO
d) Approximate length of attendance:	d) Approximate length of attendance:
e) Do you believe this person has a personal faith in Jesus Christ as Lord and Saviour? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE	e) Do you believe this person has a personal faith in Jesus Christ as Lord and Saviour? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE

PLEASE COMMENT _____

Signature of PASTOR/ELDER _____ Dated _____

Please print Pastor/Elder Name _____ Position _____

Name of Church _____ Denomination _____

Church Postal Address _____

_____ Suburb _____ Postcode _____

Church Phone No: _____ Church Email _____

OFFICE USE ONLY		
Date Received _____	Data Entry <input type="checkbox"/>	DF Key <input type="checkbox"/>