



## 2020/2021 Pastor and Teacher Reference

Please list below two people to whom we can e-mail reference forms. Please print clearly, be complete and accurate. Verify the spelling of names and complete address. Parents/guardians specifically waive rights to see these reference forms. **DCHS WILL OBTAIN THESE REFERENCE FORMS FROM THE CHURCH AND SCHOOL.**

**Student Name** \_\_\_\_\_

**Church** – Pastor or Youth Pastor (*cannot be a volunteer or leader*)

Mr.  Mrs.  Miss \_\_\_\_\_

Church Name \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**School** – A present academic classroom teacher or counselor

Mr.  Mrs.  Miss \_\_\_\_\_

School Name \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

I understand that all information provided to the school will be used to determine admission to Desert Christian High School. I waive the right to receive information obtained from these reference forms.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Required for all new applicants to DCCHS and for DCMS students going into 9<sup>th</sup> grade)**