



**PASTORAL EVALUATION**

**Confidential Evaluation**

**Calvary West Christian School**  
**OFFICE OF ADMISSIONS**  
7048 McNutt Road – La Union, NM 88021 (575) 589-1433

**Name of Applicant** \_\_\_\_\_  
First Middle Initial Last

**Applying for grade:**

As parent or legal guardian of this child, I waive my right of access to confidential information in my child's admission file.

\_\_\_\_\_  
Parent/Guardian Signature

**The above applicant has applied for admission to Calvary West Christian High School. We appreciate your cooperation in completing this form. Your responses, along with test scores and prior academic records, will assist us in recommending the appropriate placement for the student. When completed, please return by mail or by fax to the CWCHS Admissions Office at the address or number listed above.**

Does the above family attend your church regularly? Yes No  
Comments: \_\_\_\_\_

Name of Church \_\_\_\_\_  
PastorName \_\_\_\_\_ Phone \_\_\_\_\_

How is this family involved in ministering/serving in the church?  
\_\_\_\_\_  
\_\_\_\_\_

Are the children active in the youth program of the church? Yes No

Do you consider the student to have a teachable spirit? Yes No

What is your understanding of this family's relationship to Jesus Christ?  
\_\_\_\_\_  
\_\_\_\_\_

