



White Rock Christian Academy

PASTORAL REFERENCE

Please fill in your information and have your pastor complete this form as part of your application.

Name of student(s): _____	Grade(s): _____
Name of Parent(s): _____	

The above-noted parents are seeking to enroll their child(ren) at White Rock Christian Academy. We would appreciate your cooperation in taking a few minutes to answer these questions:

1. How long have you known this family and in what context? _____

2. How well do you know the family? Very Well Well Casually
3. Does the family attend church regularly (at least 3 times per month)? Yes No
4. Are the parents active in church ministries? Please specify: _____

5. What is your understanding of the family's relationship with God? _____

6. Would this family be supportive of White Rock Christian Academy's Standard of Conduct? Yes No
7. Do you recommend this family's acceptance to White Rock Christian Academy?
 Yes No With Reservation: _____

Name: _____	Position Held: _____
Signature: _____	Date: _____
Church: _____	Phone Number: _____

Note: This applicant has applied for enrollment/re-enrollment at White Rock Christian Academy and their application will not be processed until we have receive this personal reference form. Please mail this form to:

White Rock Christian Academy Or fax it to: 604-531-1727
 2265 152 Street
 Surrey, BC
 V4A 4P1

Thank you for your time and cooperation.