



White Rock Christian Academy

PASTORAL REFERENCE FORM

*NOTE: This form MUST be received directly from your pastor. Forms handed in by families will not be accepted.

TO BE FILLED OUT BY THE APPLICANT:

Family Name: _____	
Parent(s) Name(s): _____	Phone Number (of parents): _____
Student(s) Name(s): _____	Student(s) Grade(s): _____

TO BE FILLED OUT BY THE PASTOR:

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 family has applied to White Rock Christian Academy, and their application will not be processed until we have received this reference form. Please return it to WRCA at your earliest convenience.

Mail: White Rock Christian Academy Fax: 604-531-1727 Email: admissions@wrca.ca
2265 152 Street
Surrey, BC
V4A 4P1

Thank you for your time and cooperation.