



**G R A C E
CHRISTIAN
SCHOOL**

PASTOR'S REFERENCE
for
New Families to Grace Christian School

This form must be filled out by the family's pastor and sent directly to the school. Do not return to the applicant.

Name of family applying to Grace Christian School _____

Name(s) of child(ren) _____

Pastor's Name _____ Church _____

The above family has applied to bring their child(ren) to Grace Christian School. They have given your name as a reference. We would appreciate any information you can share with us about this family.

How long have you known them? _____ Do they attend church regularly? _____

Are they involved at church? _____ If so, in what ways? _____

How would you describe this family's character? _____

Is there any additional information that you think would be important for us to know? _____

Would you personally recommend this student for enrollment at Grace Christian School? _____

Please comment: _____

Thank you for taking the time to complete this form.

Pastor's Signature

Date

Please mail to: Grace Christian School Attention: Admissions 511 Thornrose Avenue Staunton, VA 24401	Phone: 540-886-0937	Fax: 540-886-2761	Email: admissions@gcswarriors.org
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