



Pastoral Reference

2085 Wallace Ave., Comox, BC V9M 1W4 Tel: (250) 339-1200 Fax: (250) 339-1215
Email: office@cvchristian.com www.cvchristian.com

PARENTS: Please have your pastor complete this form and fax or mail it to CVCS.

Father's/Guardian's name: _____

Mother's/Guardian's name: _____

Dear Pastor:

Your name has been given as a reference, by the above, who are seeking to enroll their child/ren at Comox Valley Christian School. We would appreciate your cooperation in taking a few minutes to answer these questions:

1. How long have you known this family?

2. Are the parents members of your church? _____
3. How often do they attend worship services?
_____ always _____ usually _____ occasionally _____ rarely
4. Are the parents active in church ministries? _____

Please specify:

5. As far as you know, is their lifestyle consistent with belief in Jesus Christ as Lord and Saviour?

Other comments:

Pastor's Name:

Pastor's Signature: _____

Date: _____

Pastor's Church: _____ **Phone #:**

Thank you for your time!