



# Comox Valley CHRISTIAN SCHOOL

2085 Wallace Ave, Comox, BC V9M 1W4  
Phone: (250) 339-1200 Fax: (250) 339-1215

## PASTORAL REFERENCE FORM

**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? \_\_\_\_\_

\_\_\_\_\_

6. Other comments: \_\_\_\_\_

\_\_\_\_\_

**Pastor's Name:** \_\_\_\_\_

**Pastor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pastor's Church:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

*Thank you for your time!*