

PASTOR'S LETTER OF REFERENCE



#1 (to be completed by parent)

Family name (parent/guardian) _____
Address _____
City _____ State _____ Zip _____
Child(ren) name and grades _____

#2 (TO BE COMPLETED BY THE PASTOR THEN MAILED OR FAXED DIRECTLY TO CENTRAL VALLEY CHRISTIAN SCHOOL)

Dear Pastor:

Central Valley Christian Schools provides an educational program for the children of Christian parents who believe that each academic discipline must be taught from a distinctively Christian perspective.

The above named family has applied for admission to Central Valley Christian School. CVC requires that at least one parent of each student be a professing Christian. The school would appreciate your honest responses to the following questions:

How long have you known this family? _____ Is at least one parent a professing Christian? Yes No

Comments _____

Does this family faithfully attend worship services? Yes No
How often? Once a month Twice per month Three times per month Every Sunday

Is membership offered at your church? Yes No

Is at least one parent a member of your church (if membership is offered)? Yes No

Do you believe there are any special circumstances of which we should be made aware? Yes No

Comments _____

Please indicate which church activities the parents are involved in: _____

Please explain why you would recommend this family for consideration for admission to CVC – (please use back of sheet if needed)

Pastor's Name (Printed) _____ Pastor's Signature _____

Name of Church _____ email address _____

Mailing address of Church _____ Phone # _____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM, PLEASE DO NOT GIVE THIS FORM BACK TO THE FAMILY.

Please fax or mail this completed form directly to: **Director of Admissions** or **Central Valley Christian School**
FAX (559) 734-2051 **5600 W. Tulare Ave.**
Visalia, CA 93277