



# Abbotsford Christian School

PASTORAL REFERENCE

**PARENTS: Please have your pastor complete this form as part of your application.**

Name: \_\_\_\_\_  
(Surname) (Mother's Name) (Father's Name)

**Dear Pastor:**

Your name has been given as reference by the parent(s) indicated above who are seeking to enroll their child(ren) in Abbotsford Christian School. We would appreciate your cooperation in taking a few minutes to answer these questions:

Are the parents members of your church?  Yes  No  Other

Do the parents attend worship services:  Regularly  Occasionally  Very Seldom

Are the parents active in church activities?  Yes  No

Please specify: \_\_\_\_\_

Does the student(s) attend worship service:  Regularly  Occasionally  Very Seldom

Is the student active in church activities? :  Yes  No

Please specify: \_\_\_\_\_  
\_\_\_\_\_

Other pertinent information: \_\_\_\_\_  
\_\_\_\_\_

Church: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please mail (or fax) the completed form to: Abbotsford Christian School  
35011 Old Clayburn Rd.  
Abbotsford, B.C., V2S 7L7  
Phone: 604-755-1891 ext. 4152 Fax: 604-850-6978

**All information will be respected with complete confidentiality.**

Thank you for your time and cooperation.