**Valley Stream Christian Academy**

***A Ministry of Bethlehem Assembly of God***

Parent’s Name:

Student’s Name:

**12 E. Fairview Ave. Valley Stream NY 11580**

**Phone (516) 561-6122 Fax (516) 284-7270**

**E-mail:** [**mail@vscaschool.org**](mailto:mail@vscaschool.org)

**Dear Pastor,**

**The family named above has applied for enrollment, this form is confidential. Please send it directly to VSCA in the self addressed envelope provided. Thank you.**

**PASTORAL REFERENCE FORM 2016-2017**

**PARENT INFORMATION**

How long have you known the family?

How well do you know the parents? (Please circle one)

Father: Not at All By Name/Sight Fairly Well Very Close

Mother: Not at All By Name/Sight Fairly Well Very Close

Does the Father attend church? [ ] Yes [ ] No

If Yes: [ ] Sunday morning [ ] Midweek Service [ ] Other

(Please circle one) Regularly or Occasionally Regularly or Occasionally Regularly or Occasionally

If No, do you know why? (Is there a work conflict or other reasonable explanation?)

Is he involved in church ministry? [ ] Yes [ ] No

If yes, please list

Does the Mother attend church? [ ] Yes [ ] No

If Yes: [ ] Sunday morning [ ] Midweek Service [ ] Other

(Please circle one) Regularly or Occasionally Regularly or Occasionally Regularly or Occasionally

If No, do you know why? (Is there a work conflict or other reasonable explanation?)

Is she involved in church ministry? [ ] Yes [ ] No

If yes, please list

In what ways do you feel this family will be an asset to Valley Stream Christian Academy?

Please feel free to make any additional comments.

\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE COMPLETE THE BACK**

**STUDENT INFORMATION (Please have this portion filled out by the Pastor/Leader most familiar with the student.)**

How well do you know the child? (Please circle one)

By Name/Sight Fairly Well Very Close

Does the child attend church? [ ] Yes [ ] No

If Yes: [ ] Sunday morning [ ] Midweek Service [ ] Youth

(Please circle one) Regularly or Occasionally Regularly or Occasionally Regularly or Occasionally

Is he/she involved in church ministry? [ ] Yes [ ] No

If yes, please list

Describe the child. (Ex: Cooperativeness, appearance, participation, social ability, response to authority, spiritual walk etc…) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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In what ways do you feel this applicant will be an asset to Valley Stream Christian Academy?

Is there any reason you feel this applicant should not be permitted to attend Valley Stream Christian Academy?

[ ] Yes [ ] No Please give a reason:

Please feel free to make any additional comments.

**Bethlehem Assembly of God**

**Member in Good Standing Checklist**

YES NO

Attends church regularly [ ] [ ]

Involved in ministry [ ] [ ]

Financially supports BAOG [ ] [ ]

Student attends youth/ [ ] [ ]

children’s ministry.

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**PASTOR/CHURCH INFORMATION**

Pastor/Leader’s Name:

Church Name:

Church Address:

Phone Number:

Signature: Date