

# Valley Stream Christian Academy

A Ministry of Bethlehem Assembly of God  
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)

Parent's Name: \_\_\_\_\_  
Student's Name: \_\_\_\_\_

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 2019-2020

### 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...) \_\_\_\_\_

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.

**PASTOR/CHURCH INFORMATION**

Pastor/Leader's Name: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Bethlehem Assembly of God**  
**Member in Good Standing Checklist**

	YES	NO
Attends church regularly	<input type="checkbox"/>	<input type="checkbox"/>
Involved in ministry	<input type="checkbox"/>	<input type="checkbox"/>
Financially supports BAOG	<input type="checkbox"/>	<input type="checkbox"/>
Student attends youth/ children's ministry.	<input type="checkbox"/>	<input type="checkbox"/>