

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: xhough@vscaschool.org

Parent's Name: _____
Student's Name: _____

Dear Pastor,

The family named above has applied for enrollment at our school, this form is confidential. Please send it directly to VSCA via fax or email.

Thank you.

PASTORAL REFERENCE FORM 2021-2022

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"/>