

# Pacific Christian School

## PASTOR'S REFERENCE FORM

Parents: Please have your Pastor complete this form, as part of your application.

Parent(s) Names \_\_\_\_\_

Student(s) Name(s) - first and last names

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

Dear Pastor,

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

1. How long have you known this family? \_\_\_\_\_

2. Are the parents members of your church? \_\_\_\_\_

3. Does the family attend worship services every Sunday? \_\_\_\_\_

4. Is the family active in church ministries? i.e. Bible Studies, Leadership, Sunday School, Youth Group, etc.

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

5. As far as you know, is the family's lifestyle consistent with belief in Jesus Christ as Lord and Saviour. Please elaborate.

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

6. Other comments \_\_\_\_\_

Pastor's Church \_\_\_\_\_

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

Pastor's name (please print) \_\_\_\_\_

Pastor's signature \_\_\_\_\_

Church Phone No. \_\_\_\_\_ Date \_\_\_\_\_

Since enrollment is restricted to children of committed Christian parents, the P.C.S. Board reserves the right to make follow up enquiries regarding church attendance. The completed form may be mailed directly to the respective school at the address below. Thank you for your time and cooperation.

Pacific Christian Elementary School  
Attention: Bill Helmus, Principal  
671 Agnes Street, Victoria, B. C., V8Z 2E7  
Phone: (250) 479-9365 Fax: (250) 479-3685  
Email: [bhelmus@pacificchristian.ca](mailto:bhelmus@pacificchristian.ca)

Pacific Christian Secondary School  
Attention: David O'Dell, Principal  
654 Agnes Street, Victoria, B. C. V8Z 2E6  
Phone: (250) 479-4532 Fax: (250) 479-3511  
Email: [dodell@pacificchristian.ca](mailto:dodell@pacificchristian.ca)