

**CALVARY CHAPEL GREEN VALLEY
CHRISTIAN ACADEMY**

Pastoral Reference

2615 W. Horizon Ridge Pkwy, Henderson, NV 89052
Phone: (702) 456-2422 Fax: (702) 456-2515

To be completed by applicant: This form can be faxed, mailed, or hand delivered to the school office.

Father's Name _____ Mother's Name _____

Home Address _____ City _____ Zip _____ Home Phone _____

Student Name _____ Grade _____ Student Name _____ Grade _____

I give my permission to release the reference information below to Calvary Chapel Green Valley Christian Academy.

Parent/Guardian Signature _____ Date _____

To Be Completed by Pastor:

- ◆ How long have you known this family? _____
- ◆ How well do you know the student? _____
- ◆ Parent's relationship to your church? Active Participant _____ Non-active _____
- ◆ Family's attendance at your church? Regular _____ Occasional _____ Seldom _____

Which members of the family are, to the best of your knowledge, born again Christians?

- ◆ Father: Yes _____ No _____ Student's Name _____ Yes _____ No _____
- ◆ Mother: Yes _____ No _____ Student's Name _____ Yes _____ No _____

Which church activities do the applicants participate in? _____

Our school believes that in order to become a Christian and inherit eternal life, one must:

- 1) Realize he is a sinner (Romans 3:10, 23)
- 2) Believe that Jesus died for his sins (John 3:16; Romans 10:9,10)
- 3) Ask Jesus Christ to come into his life and take away his sins (John 1:12)

Do you believe these steps are necessary for salvation? Yes _____ No _____

Do you believe there is anything additional which a person must do in order to receive salvation? Yes _____ No _____

If yes, please explain _____

Does the applicant have any problems of which we should also be aware? Yes _____ No _____

If yes, please explain _____

Please provide your general recommendation as to the applicant's qualifications for admission to CCGV.

Highly Recommend _____ Recommend _____ Hesitate to Recommend _____ Do Not Recommend _____

Signature _____ Date _____ Position _____

Church Name _____ Church Phone _____

Church Address _____ City _____ State _____ Zip _____