



**VALLEY CHRISTIAN SCHOOLS**  
6900 W. Galveston St., Chandler, AZ 85226-2508  
(480)705-8888 Fax (480)705-8889  
valleychristianaz.org

**Please upload this form as part of your online application.**

(Name of Applicant) \_\_\_\_\_ has applied for admission to Valley Christian Schools. To assist us in making an appropriate selection of students and learn something about their needs before they come to us, we are seeking information from you concerning the above candidate.

How long have you known the applicant? \_\_\_\_\_

In what relationship:  Pastor  Youth Pastor  Disciple Leader

To the best of your knowledge does this student have an authentic, saving relationship with Jesus Christ?  Yes  No  Uncertain

Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of your knowledge is this student actively living his/her faith? Yes No Uncertain

His/her influence on others is:  Outstanding/Positive  Neutral  Negative

The applicant is (check all that apply):  Emotionally stable  Erratic  Optimistic  Pessimistic  
 Considerate of others  Respectful to parents & elders

Have you ever had occasion to doubt this applicant's honesty?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you aware of serious habitual sins in this student's life?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

What are the applicant's strong points/special abilities? \_\_\_\_\_  
\_\_\_\_\_

In what area is growth needed? \_\_\_\_\_  
\_\_\_\_\_

Would you recommend this student for admission to Valley Christian Schools?

Recommend  Do not recommend  Recommend with reservations (please explain)

\_\_\_\_\_  
*Name* *Date*

Name of Church \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Church Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_