



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

PARENT CHURCH REFERENCE

Please upload this form as part of your online application.

(Name of Parent) _____ is wanting their (name of student) _____
 to attend Valley Christian Schools.

To assist us in making an appropriate selection, we are seeking information from you.

How long have you known the parent? _____

To the best of your knowledge does the parent have an authentic, saving relationship with Jesus?

Yes No Uncertain

To the best of your knowledge, how often does the parent attend church, bible study, and/or small group per month?

Small Group: N/A 1 2 3 4

Church: N/A 1 2 3 4

Bible Study: N/A 1 2 3 4

Are they members of the church? Yes ____ (length of time) No Uncertain

Do they serve within any ministries? Yes _____ No Uncertain

Would you recommend this family 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 _____