hope lutheran CHRISTIAN SCHOOL

PASTOR'S LETTER OF REFERENCE

Dear Pastor:

This family has applied to register their child(ren) at Hope Lutheran Christian School. We appreciate you providing a pastoral reference, and ask that you complete this form and return it directly to the School. All information provided will be treated with complete confidentiality.

Family's Last Name: _____ Parent's First Names: _____ _____

Child(ren)'s Name: _____ _____ _____ _____

Church Name: _____ Phone: _____

Church Address: _____ _____ _____
Street City Postal Code

How long have you known this family? _____

Are the parents members of your church? Yes ○ No ○ Other ○ _____

Do the parents attend worship services? Regularly ○ Occasionally ○ Very Seldom ○

Are the parents active in church activities? Yes ○ No ○

If yes, please specify: _____

_____

_____

_____

Where do you see this family's walk with Christ? _____

_____

_____

_____

Other pertinent information that would help us to know the family better:_____

_____

_____

_____

_____

Pastor's Name: _____ Signature: _____

Date: _____/_____/_____
Year Month Day

Please return the completed form to:

Hope Lutheran Christian School
3151 York Street, Port Coquitlam BC V2X 3P4
Phone: 604-942-5322 Fax: 604-942-5311
Email: cwood@hopelcs.ca