

Pastor's Letter of Reference

Dear Pastor:

This family has applied to register their child(ren) at Maple Ridge Christian School. We appreciate you providing a pastoral reference. Please fill in this form and return it directly to the school.

Family Name: _____ Date: _____

Church Name: _____ Phone: _____

Church Address: _____

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

Please specify: _____

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

Other pertinent information: _____

Pastor's Name: _____ Signature: _____

MRCS accepts a typed signature for online submissions.

Please return the completed form to: Maple Ridge Christian School
12140 – 204B Street
Maple Ridge, BC V2X 2Z5
Phone: 604-465-4442 Fax: 604-465-1685
Email: mrCS.office@mrCS.ca