



Pastor's Letter of Reference

Dear Pastor:

This family has registered their child(ren) at Maple Ridge Christian School. Please fill in this form and return it to the family or directly to the school:

Fax: 604-465-1685

Email: mrcs.office@mrcs.ca

Family Name: _____

Church Name: _____

Pastor's Name: _____

Address: _____

Phone Number: _____

1. How long have you know this family: _____

2. How is this family involved in your church:

3. Please comment on this family's church attendance:

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

5. Additional comments that would be helpful to us as we consider this family for membership:

Date: _____ Pastor's Signature: _____