



# SPA CHRISTIAN

S C H O O L

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(518) 885-0508 Voice and Fax

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Dear Pastor \_\_\_\_\_ of \_\_\_\_\_  
(Full Name – please **print**) (Name of church – please **print**)

I / We have applied to (re-)register our child/ren \_\_\_\_\_ at Spa Christian  
Elementary School. (names of children)

Please complete the questions below and fax the form to the school at 885-0508 or mail it to the above address. We have signed the release at the bottom of the page authorizing the school to obtain information about our family.

\_\_\_\_\_  
Parent: please **print** full name

We are thankful for the opportunity to work with you in training the children of this family in the ways of the Lord and in providing a truly Christian education. In anticipation of working with you in this endeavor, we would appreciate your help by answering the following questions.

How long has the family been attending your church? \_\_\_ less than 1 yr. \_\_\_ 1 - 5 yr. \_\_\_ more than 5 yrs.

Is attendance: consistent?\_\_\_\_\_, sporadic?\_\_\_\_\_, special events only? \_\_\_\_\_

In your estimation, have the parents received Jesus' gift of salvation? \_\_\_ Father \_\_\_ Mother

How does the family help you in your ministry?

\_\_\_ Church officer \_\_\_ teaching/leading Sunday School or youth

\_\_\_ Other (please explain) \_\_\_\_\_

Would you as a pastor be able to counsel this family and child(ren) should the need arise, and do you feel this family would receive counsel from you in school related matters (e.g. discipline)?

May we call on you to speak in chapel once in the coming year? \_\_\_\_\_

Is there any way the school can help you in your ministry? \_\_\_\_\_

May we keep you and your congregation informed by sending bulletin announcements or fliers about special school events? \_\_\_\_\_

Please feel free to include any additional information; you may indicate below your signature that you would prefer a call. Thank you for your assistance.

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

Please call me at: \_\_\_\_\_

## PARENT WAIVER

I / We hereby authorize Spa Christian School to contact schools, churches, and other sources to obtain information to support our application(s) and I/we will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Spa Christian School for that purpose.

\_\_\_\_\_  
Father/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian signature

\_\_\_\_\_  
Date

*"...working with church and family to train children for Christ."*