

 **SPA CHRISTIAN**  
**S C H O O L**  
206 Greenfield Avenue, Ballston Spa, NY 12020  
(518) 885-0508 Voice and Fax

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

We are thankful for the opportunity to work with you in training the children of the \_\_\_\_\_ family  
(**print** family name)  
in the ways of the Lord and in providing a truly Christian education. As we continue working with you in this endeavor, please complete the questions below and fax the form to the school at 885-0508 or mail it to the above address. We appreciate your help.

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1. Does this family remain fully involved in the life of your church?
  2. 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)?
  3. May we call on you to speak in chapel once in the coming year? \_\_\_\_\_
  4. May we keep you and your congregation informed by sending bulletin announcements or fliers about special school events? \_\_\_\_\_

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

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Thank you for your help in this matter. We covet your prayers as we continue to provide a quality academic program for children within the evangelical community and bring glory to the Lord.

**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