



SPA CHRISTIAN SCHOOL

206 Greenfield Avenue, Ballston Spa, NY 12020
(518) 885-0508 ♦ www.spachristian.com

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 you 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 _____