

BRANT CHRISTIAN SCHOOL
Box 130
Brant, AB T0L 0L0
Ph: (403) 684-3752 Fax: (403) 684-3894



Vision Statement:

"Brant Christian School is a unique learning environment committed to academic excellence from a Biblical worldview, assisting parents and the church in preparing graduates of integrity and godliness; ambassadors for Christ and His Kingdom."

PASTOR REFERENCE

Dear Parents,

Please complete the top of this form and then ask your pastor to complete the bottom portion. Please provide your pastor with a stamped and addressed envelope so he can mail this form directly to the school.

Parents' Name(s): _____

Children's Names: _____ Grade: _____
_____ Grade: _____
_____ Grade: _____

Pastor's Name: _____ Church: _____

Dear Pastor,

The above family has made an application to enroll their child(ren) at Brant Christian School. Please complete this form and mail it in the envelope provided. Thank you for your assistance as together we seek to serve the needs of God's people and our Lord Jesus Christ. If you have any questions or concerns, please don't hesitate to contact me at the above phone number.

Board Chair

Have the parents accepted Christ as his/her personal Savior? ___yes ___no

Do the parents attend church regularly? ___yes ___no

Do the children attend regularly? ___yes ___no

Are the parents active in church activities? ___yes ___no

In a sentence or two, please indicate the applicants' commitment to Jesus Christ and His church.

Being that Brant Christian School is an extension of a Christ-centered family, would you recommend this family for our school? _____

Are you willing to work with Brant Christian School and this family should the need (problem) arise where such cooperation would benefit the student or family? _____

Any comments concerning the child/children that may benefit the teacher: _____

Church Phone: _____ Would you like us to contact you by phone? _____

Date: _____ Signature: _____