



Mount Vernon Christian School

Elementary Middle School High School

820 West Blackburn Road, Mt. Vernon, WA 98273 (360) 424-9157 FAX: (360) 424-9256

Parent Authorization and Pastor Reference Form

Dear Parents:

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

Family Name: _____ **Parents:** _____

Child(ren): _____ **Grade(s):** _____

Church: _____ **Pastor:** _____

PARENT AUTHORIZATION--

I/we consent to and authorize the above-named church, and its agents and employees, to furnish any reference information concerning me/us, including church attendance, personal history, disciplinary information, leadership ability, character, and relationships with peers. It is expressly understood that any information given is to be used as a character reference for the purpose of determining acceptability for enrollment of our children at Mount Vernon Christian School. I/we also hereby release the above-named church, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I/we have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Date: _____ **Parent Signature(s):** _____

Dear Pastor,

The above family has made application to enroll in Mount Vernon Christian School. Please complete and mail this form in the envelope provided. Thank you for your assistance as together we seek to serve the needs of God's people.

Do parents attend church regularly? YES NO
Do the children attend church regularly? YES NO
Are the parents active in church activities? YES NO

How would you rate the spiritual maturity of the parent?
 Good Average Fair Poor

Should a need or problem arise, would you be willing to work with Mount Vernon Christian School if such cooperation would benefit the student or family?
 YES NO

ADDITIONAL COMMENTS:

DATE: _____ **PASTOR'S SIGNATURE:** _____