

**PASTORAL REFERENCE FOR APPLICANT FAMILY**

SCA Admin Office - 261 Youville Street, Winnipeg, MB, R2H 2S7  
Email: [info@springs.ca](mailto:info@springs.ca) Phone: 204-231-3640 Fax 204-257-1286

New Applicant Family     Re-enrolling Family

Applying for (please check all that apply)  
 Preschool     Kindergarten-Grade 6     Grade 7-12

List Student's Names \_\_\_\_\_  
 \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT PRIMARILY LIVING WITH STUDENT**

Parent(s)/Guardian Information:	FATHER/STEP-FATHER			MOTHER/STEP-MOTHER		
	<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian	
Full Name: (First, Surname)						
Street Address:						
City/Province/Postal Code:						
Telephone:	H:	W or C:		H:	W or C:	
Please Circle:	Single	*Married	Separated	Single	*Married	Separated
	Divorced	Widowed	Common-Law	Divorced	Widowed	Common-Law

\* **MARRIED** as defined by the Statement of Faith: We believe marriage is a covenant union between God, one naturally born man and one naturally born woman. This covenant is a spiritual and legal contract performed by a minister of the Gospel or a duly authorized government official in the presence of witnesses. (Matthew 19:4-6; Mark 10:6-9) See Handbook for complete Statement of Faith.

Name of Home Church:		
Pastor's Name:	Phone #:	Phone #:
Church Attendance:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely
What areas are you currently involved in at your church:		

**Have You?** Accepted Jesus Christ as personal Lord & Saviour according to Romans 10:9-10?

**Father**     Yes     No    **Mother**     Yes     No    **Legal Guardian(s)**     Yes     No

**UPON COMPLETION OF THE APPLICATION, PLEASE ARRANGE A MEETING WITH YOUR PASTOR TO COMPLETE THE PASTORAL PORTION ON PAGE 4.**

IF SPRINGS IS YOUR HOME CHURCH, PLEASE CONTACT THE CHURCH OFFICE (204-233-7003).  
 ARRANGE AN APPOINTMENT WITH THE PASTOR OF YOUR CHOOSING.  
 THE COMPLETED FORM WILL BE SUBMITTED TO SCA DIRECTLY BY THE CHURCH OFFICE.  
 SCA RESERVES THE RIGHT TO EVALUATE PASTORAL REFERENCES FOR ACCEPTANCE PURPOSES.





**TO BE COMPLETED BY PASTOR** PLEASE CHECK IF YOU HAVE READ THE REQUIREMENTS BELOW

Dear Pastor,

Admissions requirements for both, new applicant families, and re-enrolling families at SCA, state that \* **“SCA serves as an extension of the Christian home and church. At least one parent and the student(s) must give clear testimony of Jesus Christ as personal Lord and Saviour and must be actively attending their home Christian Church on a regular basis. Volunteering/involvement in their home church should be a natural outflow of being plugged into a local church and is required to be considered for admissions. Only parents and prospective students living in accordance with God’s Word and Springs Church Statement of Faith will be considered for admission.”**

(Handbook is available to view at <http://springschristianacademy.ca/admissions/admissions/>)

The expectation is for families to arrange a meeting with their local church pastor to complete this reference. Please note that while Springs Church serves as an outreach, Springs Christian Academy is intended to be a Christian school for the active and involved Christian family. SCA serves as an extension of the Christian home and church. Our mandate is to build upon each family’s sincere growth in Christ. As such, in filling out this reference, we need you to tell us about their church attendance, volunteer involvement, devotional lives and review the student’s response on the previous page as this is the criteria vital to entry into SCA.

**TO BE COMPLETED BY PASTOR AFTER FAMILY INTERVIEW**

1. Has at least one parent/guardian in this family read the SCA Handbook?  Yes  No

2. How long have you known this family personally? \_\_\_\_\_ (years) Date received M\_\_\_\_ D\_\_\_\_ Y\_\_\_\_\_

3. How many years has this family been actively attending and volunteering in your local church? \_\_\_\_\_

4. Confirm this family’s church attendance, as stated on the front of this form. weekly // monthly // rarely \_\_\_\_\_

5. Where does this family volunteer in your church? \_\_\_\_\_

6. List some specific ways in which you feel that this family is demonstrating a living relationship with the Lord Jesus Christ:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. In your opinion, does this family meet the Admission requirements for SCA?  Yes  No

**\*By checking yes, you have read the requirements and expectations listed above.**

**\*Your Pastoral Reference will be kept in confidence.**

8. Please feel free to make any additional comments about this applicant family.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Pastor’s Name (Please Print)

\_\_\_\_\_  
Pastor’s Signature

\_\_\_\_\_  
Church Name

\_\_\_\_\_  
Date signed M\_\_\_\_ D\_\_\_\_ Y\_\_\_\_\_

\_\_\_\_\_  
Church Address

\_\_\_\_\_  
Pastor’s Phone Number

\_\_\_\_\_  
Pastor’s Email Address

(Please submit the complete form to [info@springs.ca](mailto:info@springs.ca) or fax at 204-257-1286).

Document Updated November 2018

**For office use only:**

Date Received: M\_\_\_\_ D\_\_\_\_ Y\_\_\_\_\_

Received by: \_\_\_\_\_

Does this family meet the Admission requirements for SCA? Yes // No