

Church Attendance Verification for Faith Christian School

Family Name: _____

Church Information

Church Name: _____

Church Address: _____

Please answer the following questions:

1. Does the above named family consistently attend your fellowship?

No _____ Yes _____

2. To the best of your knowledge, are you aware of any behavior that any member of this family is engaged in that would be in conflict at Faith Christian School.

No _____ Yes _____

(If yes, please explain): _____

Name of person completing form: _____

(Cannot be a family member)

Please Print Name

Signature: _____

Title or staff position in church: _____

Phone number: _____

Date: _____

Applicant- Please return this form to:

Faith Christian School

11818 160th Ave

Foreston, MN 56330

320.294.5501

