

Coastal Academy

VERIFICATION OF CHURCH ATTENDANCE & STANDING

Dear Pastor:

Coastal Academy is a private Christian School serving as a support to parents who are in an independent study program for their children. Please help by answering the following questions for the family.

Family's name _____

Pastor's Name _____

Church Name _____

Address _____ City _____

State _____ ZIP _____ Telephone () _____

Is this family in regular attendance at the above named church? [] Yes [] No

Comments: _____

In your opinion, is the family of good Christian standing? [] Yes [] No

Comments: _____

Pastor's Signature _____ Date _____

Thank you for your time in answering these questions. Your cooperation will assist this family in the processing of their school application.

Please mail completed form to:

COASTAL ACADEMY
25501 Oak Avenue
Lomita, CA 90717
(310) 644-0433

In Christ's Service,
M. Grace Di Pasquale
Director