

The Lighthouse Church School
1220 20th Street, Santa Monica, CA 90404
310.829.1741 Fax 310.829.1743

Church Attendance Form

Please note-this form must be returned to the office and approved before the student can register.

Dear Pastor:

Name of Parent(s): _____ for
Name of Student(s): _____
Grade Entering: _____

has applied to The Lighthouse School. One of our requirements is that the parents attend a Christian church. The parents have indicated that they attend your church. We would appreciate it if you would fill out this form and have the parents return it to The Lighthouse Church.

Section below to be completed by Pastor

The above named parents and children attend service at:

Church Name _____

Church Address _____

How long has the applicant attended your church? _____

How often does the applicant attend church?

weekly ___ monthly ___ holidays only ___ rarely ___ does not attend ___

Pastor Name _____ Phone Number () _____

Pastor's Signature _____

Comments: _____

Thank you for your time,

Pastor Rob Scribner
The Lighthouse Church