Fresta Valley Christian School
6428 Wilson Road, Marshall, Virginia 20115
Office of Admission: 540-364-1929 x102 Fax: 540-364-1929 Email: admissions@frestavalley.org www.frestavalley.org

Student Recommendation

Part I. (To be completed by prospective student's parent or guardian)

Student's Name _____

Applying for Grade _____

Parent's or Guardian's Name _____

Part II. (To be completed by the person recommending the student. One recommendation should be filled out by student's pastor. If it is not possible to provide a pastor's recommendation, a former teacher's recommendation will be sufficient.)

The family of the above prospective student has applied for admission to Fresta Valley Christian School. It is the desire of Fresta Valley to enroll students and partner with families that seek a Christian Education and to develop a supportive relationship between home, church, and school. Please provide a recommendation, sign and return this form to Fresta Valley at your earliest convenience. Your timely response will enable us to promptly complete the enrollment process. Thank you for your time and prayers on this matter. *Attach additional sheet if necessary*

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Signed: _____ Date: _____