



# Grace Fellowship Academy

6500 S. Miller Rd Buckeye AZ 85326 - 623-393-8883

## Church Attendance Verification Form

***\*To be completed and returned within 30 days of submitting the reenrollment packet\****

**Student Name(s):** \_\_\_\_\_

**Family Last Name:** \_\_\_\_\_

**School Year:** \_\_\_\_\_

**Church Name:** \_\_\_\_\_

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**To be completed by the pastor or designated church leader:**

Please indicate the current church attendance status of the above-named family.

**Yes**, this family is regularly attending our Christian, Bible-believing church.

**No**, this family is not regularly attending our Christian, Bible-believing church.

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**Pastor/Church Leader Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Thank you for taking a moment to complete this verification.