



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: _____

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.

Pastor/Church Leader Name (printed): _____

Signature: _____

Date: _____

Thank you for taking a moment to complete this verification.