

CONFIDENTIAL PASTORAL RECOMMENDATION FORM

Dear Parent or Guardian: **PLEASE COMPLETE THIS BOX** and give this form to your pastor.

Name of Student(s): _____ **Grade Applying** _____

My son/daughter is applying for admission to Calvary Christian Academy. I would appreciate your completing this form and returning it directly to the Calvary Christian Academy school offices. I hereby authorize the release of my child's records and evaluative data to CCA.

Date: _____ **Signature of Parent** _____

Name of Church _____ **Name of Pastor** _____

Dear Pastor:

The above named family has applied for admission at Calvary Christian Academy. We are pleased to help you in the maturing process of your young person and believe that an effective relationship between church and school is very important in accomplishing our mutual goals. We would greatly appreciate your taking time to complete this reference form at your earliest convenience for the student(s) listed below.

- How well do you know the family? Just by name and sight Casually, a few contacts Fairly well, numerous personal contacts Very well, close pastoral relationship
- Please rate the family's church involvement: Enthusiastically involved Attends and is regularly involved Attends but not very involved Seldom attends

Student 1 – Name:					
	Excellent	Above Average	Average	Below Average	Unknown
Church Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Toward Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the student made a profession of faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Student 2 – Name:					
	Excellent	Above Average	Average	Below Average	Unknown
Church Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Toward Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the student made a profession of faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

SEE BACK OF THIS FORM FOR STUDENTS 3, 4 AND 5

Do the parents demonstrate a strong interest in the spiritual and moral development of the child? Yes No

Based on the knowledge you have of the child and family, would you consider them compatible with a Christian School environment? Yes No

Pastor's Signature Church Name Date

Thank you for taking time to complete this form. Your observations will assist us in our evaluation of the applicant. Please return to: