



PASTORAL REFERENCE
(INSTRUCTIONS FOR THE PARENTS)

Please fill in the name of the applicant, grade, and date. Then sign and give the form to your Pastor or the Head of Ministry in the church where you are involved. Ask that it be completed and returned to **CELINA CHRISTIAN ACADEMY** in a sealed envelope. Thank you.

Name of Applicant: _____ Applying to Grade: _____

Signature of Parent or Guardian: _____ Date: _____

INSTRUCTIONS FOR THE PASTOR OR HEAD OF MINISTRY

The above-named student is applying for admission to **CELINA CHRISTIAN ACADEMY**. Part of the application process for **CELINA CHRISTIAN ACADEMY** is a reference form completed by the Pastor of the applicant's church. This information will aid in the admissions process, as well as in the ministry that **CELINA CHRISTIAN ACADEMY** will have with the family, should enrollment materialize. We appreciate your completion of this form, as well as your ministry in the community.

Name of Church: _____

Address: _____

Phone: _____

Please check one of the following:

_____ I have completed this form in its entirety.

_____ I am unable to complete this form and would prefer to discuss this reference by telephone.

Parents attend church: regularly occasionally seldom never

Student attends church: regularly occasionally seldom never

Student's involvement in children's ministry: regularly occasionally seldom never

Parents are church members: YES NO

Student is a church member: YES NO

Number of years this family has been involved in your church: _____

Other comments: _____

Date: _____

Signature/Title _____

Area of Ministry _____