NAMESAKE
CHRISTIAN ACADEMY

PASTORAL REFERENCE FORM

Our educational philosophy centers on the idea that there are three distinct institutions that should influence your child(ren)'s life: the home, the church, and the school. If all three of these institutions are teaching the same ideals, stressing the same values, and recognizing the same truths, then we believe the child's educational potential is limitless. Please understand that we are not stating that a parent must attend a specific church to partner with Namesake Christian Academy, but the church must be of the Christian faith. We believe that we work best with parents who are "like-minded" about this philosophy and who do think that weekly corporate worship of our God is a normal priority. Since we would never check church attendance, we rely on this pastoral form to help ascertain if someone considers church a normal priority in their lives.

Applicant Name: _____

Dear Pastor:

The applicant named above is applying for admission to Namesake Christian Academy. We seek to partner with individuals who understand the importance of the local church not only in a general sense, but specifically in the life of their family.

Your assistance in providing information for use in our admissions process will be greatly appreciated.

Church Attendance:

Church Attendance Weekly: ___
Church Attendance Monthly: ___
Church Attendance Infrequently: ___

Involvement in Church Ministries:

Highly Involve ___
Some Involvement ___
None ___

How strongly do you recommend this applicant for partnership with Namesake Christian Academy?

_____Highly Recommend
_____Recommend with Hesitation
_____Recommend as Acceptable
_____Not Recommended

Please feel free to add any information that you would like to share about this applicant that would help explain your above answers or assist us in making a determination as to the viability of their application with our school.

_____
_____
_____
_____
_____
_____

Print Your Name:_____ Church: _____

Title:_____ Phone: _____

Signature:_____ Date:_____