

PASTORAL RECOMMENDATION FORM

Parent; please provide this form and a stamped envelope addressed to Christ's Legacy Academy (address below) to your current pastor.

Dear Pastor,

The parents of the student named below are giving you this referral form at the request of CLA. As a Christian Academy we respect very much your impressions and opinions regarding this student and family. Your help in this matter is vital to us. Would you please answer the following inquiries as clearly and thoroughly as possible? The parent's signature authorizes you to give us the requested information and indicates their understanding that all responses you give are confidential and will not be discussed and are the sole property of CLA. The parent should supply you with a stamped envelope so that this form can be mailed directly to the Academy address. Please DO NOT return this form to the parent.

(Parent, please print student's name here) (Parent's authorizing signature here)

(Pastor's signature here) (Name of Church you pastor here)

(Phone number where you can be reached) (Date you completed this form)

Please put a check by each statement that accurately reflects your beliefs concerning this student or their family.

Professes to be a Christian Is rebellious towards authority

Admits to being unsaved Is concerned for others

Is spiritually mature Is humble in overall being

Shows interest in spiritual things Is arrogant in overall being

Father is primary spiritual leader Is a good role model for others

Mother is primary spiritual leader Lives a separated lifestyle
 Is active in special events Is a good leader when around others
 Has a good reputation at church Seems committed to purity/holiness
 Is serious about spiritual things Witnesses to friends

Relationships:

Please tell us your impressions of the student's relationships with the following groups.

Good Average Poor Any Comments? Father Mother Siblings Church Leaders Friends School Faculty

How long have you known this student? _____years _____months

Would you classify this family as a "Christian Family?" _____Yes _____No

This family attends worship _____weekly _____seldom _____Never

Have you ever known this student to use tobacco, drugs, or alcohol? _____Yes _____No

If yes, please give some detail?

If you had a child the age of this student, would you allow your child to spend time with, or be influenced by this student? _____Yes _____No

What do you consider to be this student's greatest spiritual characteristic?

Do you have any concerns about this student's moral life? _____Yes _____No

Would you be interested in leading a Chapel service at our school? _____Yes _____No

Are there any issues that you would prefer not to discuss in print, but would rather I contact you to discuss over the phone? _____Yes _____No

Thank you so much for your help in this recommendation process! We pray God's richest blessings on you and your ministry as you preach, teach, and model God's Word to your congregation.