

Family Christian Academy
CONFIDENTIAL PASTOR REFERENCE

If you attend church, please have this completed by your Pastor (Grades 5-12 only). Thank you.

The student named below has applied for admission to **Family Christian Academy**. Please evaluate the applicant in the areas where you have knowledge of this person. The information you provide will be treated in the strictest of confidence. **(Please complete and return this form as soon as possible to Family Christian Academy. If you have questions please call Rita Schowengerdt at 816-836-1075.**

Applicant's Name: _____ **Grade:** _____ **Date:** _____

Key: *1 – Excellent* *2 – Good* *3 – Average* *4 – Poor*

Character Traits (Circle one)

Responds well to authority	1	2	3	4
Exerts a positive influence	1	2	3	4
Compatibility with peers	1	2	3	4
Manners and appearance	1	2	3	4
Social and emotional maturity	1	2	3	4
Integrity and honesty	1	2	3	4
Self-respect	1	2	3	4
Reaction to criticism	1	2	3	4
Respect for others	1	2	3	4
Eagerness to assume responsibility	1	2	3	4
Leadership ability	1	2	3	4

To your knowledge, has the applicant ever used:

tobacco _____ alcohol _____ illegal drugs _____ pornography _____ ? If yes, please explain

Describe any characteristics that may hinder the applicant's success at Family Christian Academy.

How would you describe the applicant's personal relationship to Jesus Christ and his/her involvement in church activities?

Church Name _____ Church Address _____ Phone _____

Currently Members? Yes No Years Attended _____ Attendance: ___ Regularly ___ Infrequently

Your Name (please print) _____

Your Signature: _____

PLEASE SUBMIT WITHIN 5 DAYS. THANK YOU. * Please mail this form to:

FCA 0912

<p style="text-align: center;">Family Christian Academy 11625 E. 15th St. S. Independence, MO 64052 Phone: 816-836-1075</p>
