



Center Christian Academy

Pastor Referral Form

Referral Information

To the Pastor:

The following family has requested admission to Center Christian Academy. Please complete this referral form for their family based upon the following qualifications.

- This family is a member in good standing of our church congregation.
- They faithfully attend church services and participate in church activities.
- They endeavor to live according to the principles found in the Word of God.
- Please call me concerning this family's application request to Center Christian Academy.

Church Information

Church Name: _____ **Church Address:** _____

Pastor's Name: _____

Phone No: _____ **Email Address:** _____

How would this family be an asset to Center Christian Academy?

Pastor's Signature and Date

Referral Information

Applicant Name: _____

Address: _____

Phone No: _____

Student applying for Admission: _____

Center Christian Academy Use Only

Approved
Rejected

Comments: _____

Administration Signature: _____