



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.

- | | |
|---|--|
| <input type="checkbox"/> Professes to be a Christian | <input type="checkbox"/> Is rebellious towards authority |
| <input type="checkbox"/> Admits to being unsaved | <input type="checkbox"/> Is concerned for others |
| <input type="checkbox"/> Is spiritually mature | <input type="checkbox"/> Is humble in overall being |
| <input type="checkbox"/> Shows interest in spiritual things | <input type="checkbox"/> Is arrogant in overall being |
| <input type="checkbox"/> Father is primary spiritual leader | <input type="checkbox"/> Is a good role model for others |
| <input type="checkbox"/> Mother is primary spiritual leader | <input type="checkbox"/> Lives a separated lifestyle |
| <input type="checkbox"/> Is active in special events | <input type="checkbox"/> Is a good leader when around others |
| <input type="checkbox"/> Has a good reputation at church | <input type="checkbox"/> Seems committed to purity/holiness |
| <input type="checkbox"/> Is serious about spiritual things | <input type="checkbox"/> 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.