



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 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.

\_\_\_\_\_  
Student(s) name

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

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

- |   |  |
|---|--|
| <input type="checkbox"/> Professes to be a Christian        | <input type="checkbox"/> Shows interest in spiritual things  |
| <input type="checkbox"/> Is rebellious towards authority    | <input type="checkbox"/> Is arrogant in overall being        |
| <input type="checkbox"/> Admits to being unsaved            | <input type="checkbox"/> Is concerned for others             |
| <input type="checkbox"/> Father is primary spiritual leader | <input type="checkbox"/> Mother is primary spiritual leader  |
| <input type="checkbox"/> Is spiritually mature              | <input type="checkbox"/> Is humble in overall being          |
| <input type="checkbox"/> Is a good role model for others    | <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 |

Other comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Pastor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
Phone

