

Village Christian Academy
908 South McPherson Church Road
Fayetteville, NC 28303

PASTOR RECOMMENDATION

This form is to be completed by the Pastor of the applicant and returned to the Village Christian Academy Admissions office or the Main School Office.

Name of Applicant: _____ **Grade:** _____ **Family Name:** _____

The parents of the above student have requested Village Christian Academy to consider their son/daughter for admission. Your assistance is essential in evaluating the applicant. We greatly appreciate your assistance in helping us become better acquainted with this student by providing current information.

1. Has the child and/or parents of the child made a public profession of faith in Jesus Christ?
2. Are the child and/or parents active in your church? Do they attend Sunday worship times, Wednesday activities and other church functions with regularity?
3. Does the child and/or parents display the attitudes you would expect of a Christian?

RECOMMENDATION

We would appreciate a frank statement of your recommendation concerning this applicant's admission to Village Christian Academy.

Pastors Name: _____ **Recommending Church:** _____

Church Address: _____ **Phone:** _____

Denomination: _____

Pastor's Signature: _____ **Date:** _____

**This recommendation is for the use of the Village Christian Academy Admissions Office
and will only be viewed by the School Administration.**