PASTORAL RECOMMENDATION

UPPER SCHOOL STUDENT FORM

Please complete the first section of this recommendation, then give it to your pastor. If the pastor is a relative, please give this form to another minister or official in the church. No final admission will happen until this form is received.

TO BE COMPLETED BY STUDENT:
I am authorizing the release of the following information to be considered in my application for admission to Central Florida Christian Academy (CFCA) and understand that the information will be held in confidence by CFCA and will not be released to me or anyone else. I understand that this questionnaire will be mailed to CFCA by my pastor.

_____ _____
Student's Name (Please Print) Student Signature Date

_____ _____
Parent / Guardian's Name / Relationship to Student Parent Signature

_____
Street Address City State Zip

TO BE COMPLETED BY THE PASTOR OF THE STUDENT NAMED ABOVE:
May we ask your help as we seek to make a selection of students and to learn something about their needs before they come to us? This information will be held strictly confidential by CFCA and will not be made available to any candidate.

What relationship do you have with this person?_____

Do you know of any reason why this person would not be suitable to attend CFCA? _____

If yes, please state why: _____

To your knowledge, has this person accepted Jesus Christ at his/her personal Lord and Savior? _____

Is this person trustworthy? _____

List any outstanding traits or extremes, such as boldness, shyness, brilliance, etc._____

_____

Would you want your children/family to be associated with this person? _____

Does this student attend church on a regular basis? _____

Does this student hold any positions of leadership in your church's programs or participate in any particular activities such as Youth Choir, Awanas, etc? _____

Are the parents active members of the church? _____

*Any additional information that you may have would be appreciated and may be attached to this form.

Please mail this form to:
CENTRAL FLORIDA CHRISTIAN ACADEMY, 700 GOOD HOMES ROAD, ORLANDO FL, 32818 (or) drop off form in a sealed envelope to the CFCA Admissions Office (or) scan and email completed form to *admissions@cfcaeagles.org.*

THIS STUDENT APPLICATION CANNOT BE FURTHER PROCESSED UNTIL WE HEAR FROM YOU.

_____ _____
Pastor Name (Please Print) Pastor Signature Date

_____ _____
Church Name Email Address

_____
Street Address City State Zip

CFCA
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