

REFERENCE FOR ADMISSION - B



219 Rock Springs Rd., Milner, Georgia 30257

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PASTORAL REFERENCE

Parents: Please complete the top of this confidential form before giving it to your pastor.

Applicant's Name _____ **Entering grade** _____

As primary guardian for this applicant, I waive the right to read this completed Pastoral Reference and understand that it will be held in strict confidence by RSCA.

Parent / Guardian Signature _____ **Date** _____

Rock Springs Christian Academy seeks to provide a quality education with academic excellence from a Christ-centered and Bible-based perspective. We want to strive to have our children trained to develop and implement a consistently Biblical world and life view; thoroughly equipping them to serve in their divinely-given vocations.

Dear Pastor,

With our mission in mind, we strive to partner with Christ-centered homes that are involved in their local church to provide a rigorous Christian education for each student. Thank you for giving your thoughtful response to the following questions.

Please return directly to the school. All responses will remain confidential.

	Father	Mother	Student
CHRISTIAN COMMITMENT			
very evident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
somewhat evident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
no evidence of commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH ATTENDANCE			
faithful and regular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
infrequent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH RELATIONSHIP			
member in good standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
not a member, but exhibits commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
not supportive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant? _____

Have any of the members of the family held a leadership position in the church? Please describe: _____

Is the student active in Sunday School and / or other programs of the church? _____

Do you recommend this student for admission to Rock Springs Christian Academy? **Yes** **No**

Are you related to the student or the family? **Yes** **No**

Do you have any concerns that we should be aware of relative to the admission of this applicant? _____

Name _____ Signature _____
Church _____ Title _____ Date _____
Address _____ Phone () _____

Please mail or fax to Rock Springs Christian Academy. Thank you.