

# ROCK SPRINGS CHRISTIAN ACADEMY

RSCA Mailing Address: 219 Rock Springs Road, Milner, Georgia 30257

T. 678.692.0192 F. 678.692.0608 Email: admissions@rsca.info

www.rsca.info

## 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 \_\_\_\_\_

Dear Pastor,

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

Additionally, we seek to partner with Christ-centered homes that are involved in their local church. Thank you for giving your thoughtful response to the following questions.

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

	Father	Mother	Student
<b>CHRISTIAN COMMITMENT</b>			
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"/>
<b>CHURCH ATTENDANCE</b>			
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"/>
<b>CHURCH RELATIONSHIP</b>			
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 return via email or fax to Admissions at Rock Springs Christian Academy. Thank you.**