

Pastoral Reference Form

1. To be filled in by the student.

After you have filled in Part I please give this to your pastor or spiritual leader to complete and they will mail the form directly to:

Faith Baptist Christian Academy
PO Box 100
Ludowici, GA 31316

Name _____

Address _____

Church Home _____

2. To be filled in by the Pastor or Spiritual Leader:

Is the above named student an active member of your church? ___ Yes ___ No

Has any member of his/her family held a leadership position in the church? ___ Yes ___ No

If yes, please explain: _____

Is the student active in the youth program of the church? ___ Yes ___ No

Do you consider the student open to spiritual instruction? ___ Yes ___ No

What is your understanding of this student's relationship to God?

Are there any matters that you feel would be helpful to us as a Christian school that might influence the acceptance of this individual as a student at Faith Baptist Christian Academy?

Do you recommend this individual to Faith Baptist Christian Academy? ___ Yes ___ No

Date _____

Pastor's Signature _____

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PO Box 100
Ludowici, GA 31316