Grace
CHRISTIAN ACADEMY

Pastoral Reference

Parent
Please sign this waiver and submit this form to a pastor at your church. Thank you.

Parents' names _____

Applicant's name _____
My child is an applicant for admission to Grace Christian Academy. I hereby authorize you to release to Grace Christian Academy the following confidential reference form ***that you should mail directly to the Grace Christian Academy Admissions Office***. I waive my right to review the information provided on this form.

_____
Church name | Pastor's Name | Telephone

_____
Mailing address | City | State | Zip code

_____
Signature of parent | Parent Name (please print) | Date

Pastor
Thank you for completing this form in consideration of the above named family. Return this form to **Grace Christian Academy Admissions Office, 3279 Southall Rd, Franklin, TN 37064.** Please know that this information will remain confidential.
In what capacity have you known the family? _____

For how long? _____

Is this family actively involved in your church? Please explain. *(Active means attends church more than twice a month and takes part in church body life.)* _____

_____

Is there a credible profession of faith in Jesus Christ on the part of at least one parent of this applicant? _____

I recommend this family to Grace Christian Academy:	**Enthusiastically**	**Strongly**	**Moderately**	**With Some Reservation**
	❑	❑	❑	❑

If you checked the **With Some Reservation** box, please explain _____

_____

_____

Your name (please print) _____ Date _____

_____
Signature | Position | Denomination