PASTOR'S REFERENCE

LIBERTY CHRISTIAN ACADEMY

10447 Refugee Road, Pataskala, Ohio 43062 Phone 740-964-2211 Fax 740-964-2311
www.libertychristianacademy.org

PARENTS: ***Please complete (print) the top portion of this form and then give it to your pastor, youth pastor or Sunday School teacher for further completion.***

Student Name _____

Parent/Guardian _____ Home Phone # _____
First Name Last Name

Address _____ City _____ Zip _____

Church Name _____ Pastor _____

Church Address _____

Church Phone Number _____

My family and I have attended this church since _____

My family and I regularly attend: ___ Sunday School ___ Sunday Morning
___ Sunday Evening ___ Youth Group

PASTOR: ***We would appreciate your assistance in helping us evaluate whether our program is appropriate for the needs of this family. Please complete to the best of your knowledge and mail or fax to LCA. If you have any questions, please call the school office to speak with a principal.***

1. Do you personally know the family? _____
2. Does the student participate regularly in the youth program in your church? _____
3. Are family members active in the work of the church? If "yes", list areas of service: _____
   _____
   _____
4. Please provide comments concerning this student's character and any additional information that will assist us in making a decision regarding admission.
   _____
   _____
5. Based on your personal knowledge of the family, would you recommend them to us?
   Yes/No Why?
   _____
   _____
6. After reading our Statement of Faith on the back of this form, do you feel that this family can partner with LCA? Yes/No
7. (Optional Question) How could we help you as a pastor in ministering to the family?
   _____
   _____

_____
Pastor's Signature **Date**

"Take fast hold of instruction; let her not go: keep her; for she is thy life." Proverbs 4:13