



Pastor Recommendation

Family Name _____

Address _____

Children applying to Calvary Christian Academy _____

Dear Pastor,

The above named student(s) have applied for admission to Calvary Christian Academy. Calvary Christian Academy endeavors to look at an individual from an academic, spiritual, and personal character basis. Please complete this form and return it to us as soon as you are able. Your responses will be held in strictest of confidence.

If you, as a pastor, are enrolling your child, please ask another minister, deacon, or church leader to complete this form.

Calvary Christian Academy admits students of any race, color, sex, or ethnic origin to all the rights and privileges of the school.

Is the above family an active member of your church? yes no

Have any members of the family held a leadership position in the church? yes no

Are the children active in the youth/children's program of the church? yes no

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

Are there any concerns that should be known by the school, which could either positively or negatively influence the decision of the Admissions Office?

Do you recommend the family for admission to Calvary Christian Academy? yes no

Your Signature _____ Print Name _____

Church Name _____

Address _____

Phone _____

Please return to Calvary Christian Academy

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