



Pine Park Christian Academy

Pastor Referral Form

Referral Information

To the Pastor:

The following family has requested admission to Pine Park Christian Academy. Please complete this referral form for their family based upon the following qualifications.

- ☐ This family is a member in good standing of our church congregation.
- ☐ They faithfully attend church services and participate in church activities.
- ☐ They endeavor to live according to the principles found in the Word of God.
- ☐ Please call me concerning this family's application request to Pine Park Christian Academy.

Church Information

Church Name: _____ Church Address: _____

Pastor's Name: _____

Phone No: _____ Email Address: _____

How would this family be an asset to Pine Park Christian Academy?

Pastor's Signature and Date

Referral Information

Applicant Name: _____

Address: _____

Phone No: _____

Student applying
for Admission: _____

Pine Park Christian Academy Use Only

- ☐ Approved
- ☐ Rejected

Comments: _____

Administration Signature: _____