

Grace Academy

Christian Classical Collaborative

P.O. Box 1212, Boone, NC 28607 (828) 773-7830 graceacademyboone@gmail.com

Pastor Recommendation

To be completed by parent:

Parents' names _____

Address _____

City/State/Zip _____

Applicant's Name _____ Grade Applying For _____

To be completed by pastor:

The above named family has applied for admission to Grace Academy. GA requires that at least one parent give a credible profession of faith in Jesus Christ as Lord and Savior. The child's parents are aware that we request such an evaluation of the applicant and have been informed that your comments will be held in the strictest confidence. GA would greatly appreciate your response to the following questions:

How long have you known this family? _____

Is at least one parent a professing Christian? _____ Comments: _____

Does this family faithfully attend worship services? _____ Yes _____ No

How often? _____ Never _____ Occasionally _____ Almost Always

Is at least one parent a member of your congregation? _____ Yes _____ No

Are there special circumstances of which we should be aware? _____

Would you recommend this family for consideration for admission to GA? _____

Pastor's Name _____ Signature _____

Title if other than pastor _____

Name of Church _____

May we contact you? _____ Phone number _____

Thank you for taking the time to complete this form. Please mail it directly to:

Grace Academy
P.O. Box 1212
Boone, NC 28607

If you have any questions, please contact GA at (828) 773-7830 or graceacademyboone@gmail.com 2/15