

FAMILY NAME: _____

PASTORAL RECOMMENDATION
Nazarene Christian Academy

This form is to be completed by the Senior Pastor or Youth Pastor of the church regularly attended by the family seeking enrollment. Only when pre-approved by NCA administration may this form be completed by anyone other than the senior pastor or youth pastor such as associate pastor or other church leaders. For more information, please call (817) 297-7003.

I. Full names of students being recommended (one form per family)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

II. Family church attendance. Pastor, please initial appropriate line.

	<u>Regular</u>	<u>Seldom</u>	<u>Never</u>
a. Father	_____	_____	_____
b. Mother	_____	_____	_____
c. Children	_____	_____	_____

III. Please describe this family's involvement in your church.

Pastor's Signature _____ **Date:** _____
Church Name: _____ **Church Phone:** _____
Church Address: _____ **City** _____ **Zip** _____

Please mail or fax to: **Nazarene Christian Academy** Fax. **817-297-1509**
2001 E. Main St.
Crowley, Tx. 76036

**NEW STUDENTS WILL NOT BE CONSIDERED FOR ACCEPTANCE UNTIL
THIS FORM IS SUBMITTED TO THE SCHOOL OFFICE IN THEIR
ENROLLMENT PACKET.**

