

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, Texas 76036

Note: If not active in a church at this time please note this on the above lines then sign and return.

THIS FORM IS REQUIRED FROM NEW STUDENTS TO COMPLETE THE STUDENT FILE.