

Hampton Christian Academy

Pastor Recommendation Form (Grades 6-12)

To the Parent(s): Please complete lines 1 through 4, then give the form to your Pastor with a stamped envelope addressed to: Hampton Christian Academy, Attn: Upper School Admissions Office, 2419 N. Armistead Ave, Hampton, Virginia 23666.

1. _____
Student's Name *Grade*

2. _____
Parent's Name

3. _____
Address *City* *State* *Zip*

4. _____
Telephone (home) *(work)* *(cell)*

To Pastor from Parent:

My child is applying for admission to Hampton Christian Academy. Please complete this form and return it to the upper school in the attached envelope. I hereby authorize the release of this information to Hampton Christian Academy for its confidential and exclusive use.

Parent Signature: _____

Pastor's Name Telephone

Church Name

Address City State Zip

Has the child made a personal profession of faith in Jesus Christ as his/her savior and Lord? _____.

Is this child and child's family actively involved in the church? Yes _____ No _____

In what capacity and for how long? _____

