

Hampton Christian Academy
Preschool - Grade 5
Pastor's Recommendation Form
Fax# 757-838-1998

To the parent(s): Complete this section and give this form to your Pastor **with a stamped envelope addressed:** Hampton Christian Academy, Attn: Lower School, 2424 N. Armistead Avenue, Hampton, Virginia 23666. This completed form is required for admission into Hampton Christian Academy and is provided for the exclusive and confidential use of the school only.

Student's Name _____
Grade

Parent's Name

Address *City* *Zip*

Telephone *(home)* *(work)*

To the Pastor: Your recommendation is highly valued to us as we consider this applicant for admission to Hampton Christian Academy. We at HCA are motivated by the purpose of being an extension of the Christian home. Therefore, in light of our purpose, we ask that you complete this form carefully and **return it directly to us.**

Pastor's Name _____
Telephone

Church Name

Address *City* *State* *Zip*

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

In what capacity and for how long?

Does this family attend your church regularly?

- _____ one or more times weekly
- _____ occasionally
- _____ rarely

Does this student exhibit Christian values governing language, conduct, and lifestyle?

Yes _____ No _____

Does this student participate in Children's Church, Sunday School, Vacation Bible School, and/or other church related programs available to his age group? Yes _____ No _____

Please provide additional information which would help to evaluate this child as a potential student at Hampton Christian Academy.

Signature

Date