Mountain Christian Academy

Pastor Recommendation Form

Please have the referring pastor, Sunday School teacher, or youth director return this form directly to the school. Mountain Christian Academy, P.O. Box 784, Signal Mountain, TN 37377

Applicant's Name _____
Last First Middle Preferred

Parent(s) Name _____

Dear Pastor,

The mission of Mountain Christian Academy (MCA) is to assist Christian parents in providing their middle school students with a nurturing Christ-centered environment that educates students to love God with their minds, shepherds young hearts to serve others, inspires a lifelong love of learning, and connects God's Word to the world in which we live. This information will aid in the admission process as well as in the ministry which Mountain Christian Academy will have with the family if they become part of the MCA family. We appreciate your completion of this form as well as your ministry in the community.

1. How long have you known this family or applicant?

_____

2. Are they involved in any areas of service to your church?

_____

_____

3. Please check the all that apply:

Student Applicant
__ Member
__ Attends church regularly
__ Belongs to youth group or Sunday School Class
__ Does not attend

Parent
__ Member
__ Attends church regularly
__ Belongs to small group or Sunday School Class
__ Does not attend

(continue on next page)

4. Please write any additional helpful comments:

_____

_____

_____

5. Would you recommend that Mountain Christian Academy accept this student? _____

(please complete next page)

NAME_____(please print)

SIGNATURE_____

DATE:_____ AREA OF MINISTRY_____

CHURCH NAME_____ PHONE NUMBER_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____