

# Pastoral Recommendation for Grace Christian Academy

Student(s) Names: \_\_\_\_\_

Parent's Names (Printed): \_\_\_\_\_

Please complete the section below and submit this form to your pastor or other church leader who is familiar with your testimony and spiritual development. When submitting this form to your pastor, please include a stamped envelope addressed to: P. O. Box 531924 Harlingen, TX 78553

**\*\*Recommendations must be mailed to GCA from the church leader who completed the form.\*\***

Church Name and Denomination: \_\_\_\_\_

Church Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Church email: \_\_\_\_\_

My child(ren) is applying for admission to GCA. I willingly waive my right to review this completed recommendation to better enable the person completing this form to do so without reservation. I understand that GCA may contact the pastor or church leader completing this form.

\_\_\_\_\_  
Signature of Parents

\_\_\_\_\_  
Date

**\*\*\*Pastor or Church Leader to Complete the Section Below and Mail to GCA \*\*\***

Church Leader's Name and Title: \_\_\_\_\_

How long have you known this family? \_\_\_\_\_ How well acquainted are you?

Name Only     Personal Relationship     Casually     Fairly Well

To your knowledge, has at least one parent commitment to Jesus Christ? \_\_\_\_\_

Please describe the involvement of this family in your church? \_\_\_\_\_

I recommend this family to GCA:  Enthusiastically     With Some Reservation     Do not

Recommend. Please explain your recommendation choice:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_