

PASTOR RECOMMENDATION - (Required for families new to Providence.)

Parent's Name _____ Phone _____

Address _____

City/ST/Zip _____

The above named family has applied for admission to Providence Classical Christian Academy and has given your name as reference. Each family must submit a recommendation form from their pastor. Serious consideration is given to this recommendation, and, therefore, we request that you complete the form carefully and candidly and return it directly to Providence at:

**Providence Classical Christian Academy
5293 S. Lindbergh Blvd.
St. Louis, MO 63126**

Or email completed & signed copy to: Bergeson@ProvidenceSTL.org

1. How long have you known the applicant? _____

2. How well do you know the applicant?
 Very Casually Few Personal Contacts Frequent Contact Very Well

3. To the best of your knowledge, has the applicant been born again by faith in Jesus Christ?
 Yes No I do not know #omments:

4. To what extent is the applicant engaged in activities of your church?

<input type="checkbox"/> Irregular attendance and little interest in church activities.	<input type="checkbox"/> Seldom participation in activities, but regularly attends services.	<input type="checkbox"/> Cooperative and willing to help in church activities and regularly attends services.	<input type="checkbox"/> Enthusiastically engages in church activities and regularly attends services.
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5. Pastor's specific recommendation:

I recommend for admission to Providence Classical Christian Academy

I do not recommend for admission to Providence Classical Christian Academy

Signature _____ Position _____

Name _____

Church Name _____

Address _____

City/ST/Zip _____

Telephone _____ Email _____