



BETHEL
CHRISTIAN ACADEMY

PASTORAL REFERENCE

Church Name: _____

Address & Phone #: _____

Pastor's Name: _____

Youth Pastor's Name: _____

Student's Name: _____

Name of Person completing this reference questionnaire: _____

Dear Pastor/Youth Pastor,

The above listed student is applying for admission to Bethel Christian Academy. Please take a few moments to answer these reference questions. Then, please return this questionnaire in the self-addressed envelope provided. Their application is not considered complete until this form is returned. All information given is confidential. Thank you for your help.

1. Is this student a member of your church? ____Yes ____No
2. Is this student's mother and father members of your church? ____Yes ____No
3. What percentage of services do they attend?
4. Does this student demonstrate spiritual fruit associated with a born-again believer?
5. Does this student have a clear testimony of being born-again?
6. Is this student someone that you would allow your children to have as a friend? If no, please explain.
7. Please check one of the following:

_____ I recommend strongly with no reservations.

_____ I recommend but with some reservations.

_____ I do not recommend.

_____ I do not know the student well enough.

_____ I would rather not say either way.

Signature

Printed Name

_____/_____/_____
Date