



Parma Heights Christian Academy

Preparing Children for God's Service

PASTORAL REFERENCE

Completed by the family:

Family Name _____ Date _____

Street/City/State/Zip _____ Home (____) _____

Church Name _____ Pastor _____

My family and I have attended this church since _____

My family and I regularly attend: Sunday School Sunday Morning Worship Sat/Sun Evening Worship Mid-Week

Completed by a pastor or church staff:

The above family has applied to the Academy. Prior to their acceptance, we would appreciate your input regarding the spiritual commitment of this family.

Do you personally know the family? ___ Yes ___ No

Are members of the family active in the church? ___ Yes ___ No If yes, please explain: _____

Do you believe that this family would support the Academy and its commitment to education based on a biblical world view? ___ Yes ___ No ___ Uncertain

Based on your personal knowledge of this family and your understanding of the mission statement of the Academy would you recommend this family to us? (see mission statement below) ___ Yes ___ No Why? _____

PHCA Mission Statement "In partnership with the family and church, our mission is to provide each child with a biblical foundation for life that promotes Christ-like character, scholastic excellence and faithful service to others."

Signature

Print Church Staff Name and Title

Church Address _____ Church Phone (____) _____