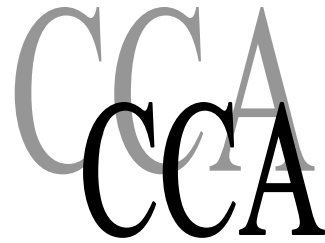


Central Christian Academy  
1200 Hodges Ferry Road  
Portsmouth, VA 23701  
(757) 488-4477



**PASTORAL REFERENCE FORM**

**TO BE FILLED IN BY THE FAMILY.** *After you have filled in Part 1, please give this to your Pastor to complete and mail directly to the school.*

Family Name: \_\_\_\_\_

Family Address: \_\_\_\_\_

\_\_\_\_\_

Names of children seeking admission to Central Christian Academy:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**TO BE FILLED IN BY YOUR PASTOR:**

Describe the family's church attendance:

Church membership of parents:     Both Parents    Father    Mother    Neither Parent

Is the family active in your church beyond Sunday attendance?     Yes    No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are the children active in the youth program of the church?     Yes    No

Do you consider the children open to spiritual instruction?     Yes    No

What is your understanding of this family's relationship with God? \_\_\_\_\_

\_\_\_\_\_

Are there any concerns about the family that should be considered as they make application to Central Christian Academy? \_\_\_\_\_

Do you recommend the family for admission to Central Christian Academy?     Yes    No

Pastor's Signature \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Church Name \_\_\_\_\_ Church Address \_\_\_\_\_

***Please return this form in the envelope provided or fax to (757) 488-4836 within five days.***