

PASTOR/CHURCH LEADER RECOMMENDATION

HEBRON CHRISTIAN ACADEMY

P.O. Box 1028 Dacula, GA 30019

(770) 962-9350 ♦ Fax (770) 277-3581

www.hebronlions.org

Pastor/Church Leader Recommendation K-12th

Family Name _____ Phone (____) _____

Address _____

City/State _____ Zip _____

Church Name _____

Address _____

City/State _____ Zip _____

Name of children and grades for which applying

To Parent/Legal Guardian: Please print or type this section and deliver this form. The evaluator will mail these forms directly to the Admission Office. By submitting this evaluation form and in consideration of having this evaluation and your application considered by Hebron Christian Academy, you hereby release HCA, its employees and representatives, the evaluator and the evaluator's employer from any and all claims and liability that may arise from the providing, obtaining or using of the form and the substance of the information provided by the evaluator.

All information provided on the attached evaluation form will be held in strictest confidence and will not be shared with students, parents, or guardians. This evaluation will remain confidential and not become part of the student's permanent academic record

Parent Signature: _____

Pastor/Church Leader complete this section

The above family has applied for acceptance at our school. It is our desire to develop a supportive relationship between home, school and church. Our Mission Statement is *"Helping parents prepare their children spiritually, academically, physically and socially to become disciples of Jesus Christ"*. Please aid us by answering the brief questionnaire below and mailing or faxing it to the school. In this way we will gain more insight into the family, and you in turn might be able to use any updated information that appears above on our form.

Please return this form by fax or mail directly to the school within 7 days to aid in the application process. You are free to make a copy of the questionnaire and share its contents with the family if you so desire.

Do you personally know the family? _____

How long has the family been in attendance? _____

Describe their worship service attendance. _____

Sunday school attendance. _____

Are members of the family active in the work of the church? _____ If "yes", please explain. _____

Which of the family members are Christians (have accepted Jesus Christ as their personal Savior)? You may note Statement of Faith.

Based on your personal knowledge of this family and our desire to support the Christian home and church, would you recommend acceptance? Yes No Why? _____

Pastor's Signature _____ Date _____