



Naples Christian Academy
3161 Santa Barbara Blvd.
Naples, FL 34116
239.455.1080 Fax 239.455.5225

founded in 1973

PASTOR / CHURCH LEADER REFERENCE

Student's Name _____ Applying for Grade _____

1. Do you personally know the family? Yes No
2. How long have you known the applicant? _____
3. How long has the family / applicant been attending your church? _____
4. Is the family / applicant a member of your church? Yes No
5. To your knowledge, which of the family members, including the applicant, are Christians who have made a public profession of faith? _____
6. Please describe the family's / applicant's participation in the work of the church.

7. Based on your personal knowledge of the applicant and his / her family:
 I recommend this applicant without reservation.
 I recommend this applicant with reservation.
 I cannot recommend this applicant at this time.
8. Additional comments, if desired _____

Signed _____ Date _____

Name (please print) _____ Title _____

Church Name _____ Phone _____

Address _____

PLEASE RETURN SEALED DOCUMENT TO APPLICANT. IF YOU PREFER, YOU MAY SUBMIT A LETTER OF RECOMMENDATION IN LIEU OF THIS FORM. THANK YOU FOR YOUR TIME AND EFFORT.

