

**Washtenaw Christian Academy**  
7200 Moon Road  
Saline, Michigan 48176  
Phone: (734) 429-7733 Fax: (734) 944-8343  
www.washtenawchristian.org

**PASTOR'S RECOMMENDATION FORM FOR THE FAMILY**

**TO BE FILLED IN BY THE FAMILY:**

*After you have filled in this top section, please give this form to your Family Pastor to complete and mail directly to the school.*

Parent's Name \_\_\_\_\_

Parent's Address \_\_\_\_\_

Church Home \_\_\_\_\_

Names and grades of children for whom you are applying to Washtenaw Christian Academy.	1.	_____
	2.	_____
	3.	_____
	4.	_____

I authorize this information to be released to Washtenaw Christian Academy.

Signed: \_\_\_\_\_

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

*The above family has applied for enrollment to Washtenaw Christian Academy. It is our desire to work with you in a total evaluation of them prior to their being accepted. Please aid us by answering the brief questionnaire below. ONLY the board members and administrator will read this recommendation. If you desire, feel free to make a copy of this form prior to its return to us and share its content with the family. Please mail the form directly to the school.*

1. Is the above family an active member of your church or fellowship (regular in attendance, committed, involved in church ministries or programs)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. How long have you known the family? \_\_\_\_\_

3. Have you ever visited this family in their home? \_\_\_\_\_

General impression: \_\_\_\_\_

4. Have you had any reason to counsel any member of this family in an area we would need to know? \_\_\_\_\_  
\_\_\_\_\_

5. Would you consider the children open and sensitive to spiritual instruction?  
\_\_\_\_\_  
\_\_\_\_\_

6. Do the children cooperate well with those in authority? \_\_\_\_\_  
With peers? \_\_\_\_\_

7. Are there any matters that you feel would be helpful to us as a school in evaluating the admission of this family? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Would you recommend this family for admission to Washtenaw Christian Academy?

Yes

No

No Recommendation

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

Church \_\_\_\_\_

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

Church Phone \_\_\_\_\_