



Traders Point
Christian Academy



LIFE BUILDING
Education & Spiritual Growth

Pastor's Referral Form

The student listed below has applied for admission to Traders Point Christian Academy. We need your assistance in determining that this student can make a smooth transition into the TPCA program. Applications can be processed only after the student's file is complete, so your prompt attention to this information is important. The form may be mailed or faxed to the school using the information at the bottom of this page. Thank you for your help!

Family Name: _____ Home phone: _____

Address: _____

City, State, Zip _____

Children applying for admission:

_____ Grade: _____ _____ Grade: _____

_____ Grade: _____ _____ Grade: _____

Name of Church: _____ Pastor: _____

Address _____

City, State, Zip _____

PARENT'S RELEASE

As the parent or guardian of this student, I authorize the release of this information to Traders Point Christian Academy.

Signature _____

Date _____

How long have you known the family? _____

Are they church members? Yes No

Is their monthly attendance 1 Sunday 2 Sundays

3 Sundays 4 Sundays

Is the family active in the work of the church? _____

If yes, please explain in the space below.

Would you recommend this student for admission to Traders Point Christian Academy?

Recommend without reservation Recommend with reservation Cannot make a recommendation

Please check one of the following:

This reference should be a part of the student's permanent file.

This reference should be used for admissions purposes only.

Signature _____

Position _____

Phone _____

Date _____