



# GRACE CLASSICAL CHRISTIAN ACADEMY

## Pastoral Reference Form

### I. TO BE COMPLETED BY FAMILY APPLYING TO GRACE CLASSICAL CHRISTIAN ACADEMY

Family Name \_\_\_\_\_ Church Name \_\_\_\_\_

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

Church Phone \_\_\_\_\_ Date Submitted to Pastor \_\_\_\_\_

Name and grades of children seeking admission to Grace Classical Christian Academy:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

### II. TO BE COMPLETED AND MAILED TO GCCA BY PASTOR, ELDER, OR DEACON

1. What is your office held at the church? \_\_\_\_\_

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

3. How well do you know the family? (check one)

\_\_\_\_\_ I have spent a considerable amount of time with this family

\_\_\_\_\_ I am fairly acquainted with the family

\_\_\_\_\_ I have minimal knowledge of the family

4. On average, how often does the family attend Sunday services? (circle one)

Less than monthly      Monthly      Weekly

5. Is the family active beyond regular Sunday attendance?  Yes       No

Explain \_\_\_\_\_

6. Do you consider the parents open to spiritual instruction?  Yes  No  Not Observed

7. Do you consider the children open to spiritual instruction?  Yes  No  Not Observed

8. How would you assess the families understanding and demonstrated ability in raising their children in the nurture and admonition of the Lord? (circle one)

Excellent      Good      Fair      Poor      Not Observed

9. Do you recommend this family to Grace Classical Christian Academy?  Yes       No

For the benefit of the family and Grace Classical Christian Academy, please make any additional comments that would aid in the acceptance process below

---

---

---

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

Date \_\_\_\_\_

**PLEASE MAIL TO: GRACE CLASSICAL CHRISTIAN ACADEMY, P.O. BOX 41, GRANBURY, TX 76048**

**OR SCAN AND EMAIL TO: [GRACECLASSICAL.OFFICE@GMAIL.COM](mailto:GRACECLASSICAL.OFFICE@GMAIL.COM)**