



CHURCH REFERENCE

To be completed by a pastor or a person in leadership in your church and returned directly to:

Admissions Department
Calvary Christian Academy
2401 West Cypress Creek Road
Fort Lauderdale, FL 33309
PHONE: 954-905-5100 FAX: 954-556-4664

Name(s) of Student(s) _____ Grade _____
 _____ Grade _____
 _____ Grade _____

Name(s) of Parent(s) _____

The parent(s), named above, is/are seeking admission of their child(ren) to Calvary Christian Academy. Calvary Christian Academy exists to make disciples through a biblical school environment that prepares students to glorify God spiritually, academically, and socially. We seek to create a healthy school setting in which students, parents, and teachers work together to accomplish this goal. Therefore, it is very important for us to properly evaluate each family as part of our admissions process.

I know this family: very well well somewhat by sight not at all

I have known this family for _____ years or _____ months.

	Not Observed	Weak	Fair	Very Good	Outstanding
Personal commitment/devotion to Jesus Christ					
Has a good working knowledge of the Bible					
Life reflects Christian ethics					
Manages household well					
Exhibits control over emotions					
Actively extends Christ's love to others					
Has a great desire to learn and grow spiritually					
Deals with conflict in a biblical manner					
Seems content with his/her life					
Regularly attends church service					
Is a good influence on others					
Exhibits self-discipline					
Exhibits firm but loving control over child(ren)					

Please use the back of this page for additional recommendations or comments you wish to make regarding the parents or child. Please comment on any "weak" or "fair" categories above.

Comments on “weak” or “fair” categories from page 1:

How would you describe the parent/child relationship in this family?

Is there anything special about this family that you would like to share with us?

Is there any additional information you can share to help us to better know this student or family?

Are there any concerns regarding this family or student of which you can make us aware?

Please check here if you would like our Admissions Coordinator or School Principal to call you regarding this recommendation: _____

Signature _____ Position _____

Print Name _____ Phone Number _____

Church _____ Phone Number _____

Date Completed _____

Calvary Christian Academy admits students of any race, color, and national or ethnic origin.