



**Youth Ministry Reference Form**  
**Youth Ministry Grades 6-12**

**Please return to:**  
 Admissions Department  
 Calvary Christian Academy  
 2401 West Cypress Creek Road  
 Fort Lauderdale, FL 33309  
 Phone: 954-905-5100 FAX: 954-556-4664

**To be completed by a youth pastor or a person in youth leadership who is familiar with the student and returned directly to the address above.**

Student : \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

The student, named above, is seeking admission to Calvary Christian Academy. Calvary Christian Academy exists to make disciples of Jesus Christ 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 student:  very well  well  somewhat  by sight  not at all

I have known this student 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					
Has initiative for involvement					
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					
Exhibits respect for authority					
Regularly attends church service					
Is a good influence on others					
Exhibits self-discipline					

Please comment on any "weak" or "fair" categories above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything special about this student or the 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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Church: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Completed: \_\_\_\_\_

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