



CHURCH RECOMMENDATION FORM

Please complete the top portion for your family and give to your pastor or church office to return to Seacoast Christian Academy.

Church Name: _____ Date: _____

Parent's Names: _____ Phone: _____

Address: _____

Name(s) & Grade(s) of Children: _____

Pastor's Name: _____

Our family affirms our commitment to the above named church by attending weekly:

Morning Worship Sunday School Small Groups Youth Group

Please check or list ministries that your family members participate in.

Teacher Mission Trips Church Officer Youth Group Visitation Nursery Office Assistance

Drive Bus or Van Usher Parking Music Ministry Church Work Day Other

Does your family attend worship services weekly, 70% of the time? Yes No

Church Office Use Only

Dear Pastor,

This student named below is a candidate for admissions to Seacoast Christian Academy. Your honest assessment of this student will be held in complete confidence and will only be used for the purposes of admission and placement. It will not be available to the applicant or parents. Please complete this form and return it to the Director of Enrollment of Seacoast Christian Academy. We appreciate your insight. In order to ensure that we receive the most accurate assessment of the student, please complete this reference form and return it to the Office of Admissions at the above address or fax.

Student's Name: _____ Date: _____

Church Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Number of years the student has been enrolled in this school: ____ Number of years you have known the applicant: ____

I would like to discuss this family personally rather than complete this form.

Family participation is: Exceptional Good Average Needs Improvement Unsatisfactory Not Known

Parents are members in good standing? Yes No If no, are they under church discipline?: Yes No

Years of acquaintance: _____

Form Completed by: _____ Position: _____ Phone: _____

Parent/Legal Guardian's Signature: _____ Phone: _____ Date: _____

Thank you for your time and call 904.722.1738 with questions. **Please send this completed form to:
Seacoast Christian Academy, 8057 Arlington Expressway, Jacksonville, FL 32211, Attention: Director of Enrollment**