



WESTMINSTER CHRISTIAN ACADEMY

1640 New High Shoals Road • P.O. Box 388 • Watkinsville, GA 30677-0010
(706) 769-9372 • FAX: (706) 769-2050 • www.wcalions.org

Pastor Questionnaire and Recommendation

Parent/Guardian Section:

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Names	Phone number	
Address	City	State/Zip

Names of children and the grades for which they are applying:

1.	2.
<i>Name</i>	<i>Name</i>
<i>Grade</i>	<i>Grade</i>
3.	4.
<i>Name</i>	<i>Name</i>
<i>Grade</i>	<i>Grade</i>

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Pastor's Name	Church's Name	Fax Number	
		()	
Church's Address	City	State/Zip	Phone Number

Pastor Section:

(Pastor: Please review this carefully and return directly to Westminster by fax or mail. Do not return to the family. Thank you for your assistance.)

1. Do you personally know this family?

2. How long has this family been in attendance at your church?

3. Are both parents members of your church? yes no If no, please explain.

4. Describe the family's worship service attendance.

5. Briefly describe the family's involvement in your church.

6. To your knowledge, which of the family members have made a profession of faith in Jesus Christ?

7. Based on your personal knowledge of this family and Westminster Christian Academy's desire to support Christian families in the education of their children, do you recommend acceptance? yes no If no, please explain.

Pastor's Signature	Date
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