

Freedom Christian Academy

K3 - 6th Grade

Pastoral Recommendation Form

Student Name (First and Last): _____

Thank you for taking the time to complete this recommendation. Freedom Christian Academy partners closely with families and local churches to support students academically and spiritually. Your honest input is appreciated and will remain confidential.

Once this form is complete, please email it to the school office (admin@friendshipag.org). For confidentiality purposes, forms must be submitted by the pastor or church leader and will not be accepted through the family.

Church Name: _____

Church Address: _____

Your Name (First and Last): _____

Your Title/Position: _____

Phone Number: _____

Email Address: _____

Family Involvement

1. How long has this student (or their family) been attending your church?

2. Is the student regularly involved in church attendance? **YES / NO / Somewhat**

Recommendation

Do you recommend this student for enrollment at Freedom Christian Academy?

- Yes, without reservation
- Yes, with minor concerns
- With reservation
- I do not recommend at this time

Additional comments (if necessary): _____

Date: _____

Pastor/Church Leader Signature: _____