



**Polaris
Christian
Academy**

K-8 Education

PASTORAL RECOMMENDATION

Parents: Please complete the top portion of this form and ask a member of your pastoral staff to complete and return it to PCA at their earliest convenience.

STUDENT'S NAME _____

GRADE _____

ADDRESS _____

PHONE _____

PARENT'S
NAME _____

Father

Mother

1. How often does your family attend church? _____

2. How is your family involved in your church?

Pastoral Staff Member: The above named student has applied for entrance into Polaris Christian Academy.

1. In what capacity does this family serve in your church? _____

2. Does this student participate regularly in the youth or children's program in your church? _____

3. What other information is available that would assist PCA in meeting the needs of this student? _____

4. How long have you known this family? _____

Name (please print) _____

Phone _____

Signature _____

Date _____

Church Name _____

Position _____

**Church Staff : Please return this completed form to
Polaris Christian Academy 2150 E. Powell Rd. Lewis Center, Ohio 43035-9510**