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PASTOR'S RECOMMENDATION

I. To Be Completed By the Parent

Family Name: _____

Address: _____

Names of Children Eligible for Enrollment	Grade Entering	Names of Children Eligible for Enrollment	Grade Entering

The above family has submitted an application for admission to Faith Christian Academy. Please complete the information on this form and return it as soon as possible to the office by mail or as an email attachment to office@fcaclassical.com.

II. To Be Completed By the Pastor

Pastor Name: _____ Phone Number: _____

Name of Church: _____

Email Address: _____

III. Please answer the following questions to the best of your knowledge.

How long have you known this family? _____

How long has this family been attending your church? _____

Is this family a member of your church? _____

Please comment on this family's involvement in your church: _____

Please comment on this family's spiritual life: _____

Do you recommend this family for admission to Faith Christian Academy? _____

Pastor's Signature: _____ Date: _____