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**PASTOR'S RECOMMENDATION**

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**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](mailto: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 as thoroughly and accurately as possible.**

How long have you known this family?

- Fewer than six months     6 mo. – 2 years     More than 2 yrs.     I don't know this family

How long has this family been attending your church?

- Fewer than six months     6 mo. – 2 years     More than 2 yrs.     I am uncertain

Is this family a member of your church?

- Yes                                   No                                   Uncertain / No membership

Is this family involved in the church?

- Yes                                   No                                   Uncertain

Is there anything else that would be helpful for us to know as we make our decisions? \_\_\_\_\_

\_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_