

CONFIDENTIAL PASTOR REFERENCE FORM

To the Pastor:

The student named below is a candidate for admission to **Arlington Christian Academy**. Please complete and return this form directly to:

Arlington Christian Academy Admissions Office

9801 Arlington Church Road, Mint Hill, NC 28227

Name of Applicant: _____

Candidate for Grade: _____

To be completed by a full-time Pastor or Associate Pastor on staff:

1. On a scale of 1–10 (10 being the highest), how well do you know this family?

2. What is your position at the church?

3. Please evaluate the parents/guardians in the following areas:

- a. Their church relationship, attendance, and loyalty:

- b. Their personal relationship with Jesus Christ:

- c. Their interest in having their child(ren) know and walk with the Lord:

4. To your knowledge, has this applicant accepted Jesus Christ as Savior?

5. **How do the parents/guardians support their child(ren)'s spiritual development?**

6. **What level of involvement do the parents/guardians have in your church?**

7. **What are the first words that come to mind to describe this applicant?**

Recommendation

I recommend this student:

☐ Enthusiastically ☐ Strongly ☐ Fairly Strongly ☐ With Reservation

Pastor/Associate Pastor Signature: _____

Date: _____

Position: _____ **Phone:** _____

Church: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Authorization for Release of Information

I/We hereby authorize the release of the requested information to complete the admission process at Arlington Christian Academy. I/We understand this information will become part of the student's application file.

Parent/Guardian Signature(s): _____

Date: _____

Please return within one week to:
Arlington Christian Academy
9801 Arlington Church Road, Mint Hill, NC 28227

Revised 10/15/25 CS