



POLARIS CHRISTIAN ACADEMY
2150 East Powell Road
Lewis Center, Ohio 43035

PASTOR'S RECOMMENDATION
TO BE COMPLETED BY PARENT AND PASTOR. RETURNED BY PASTOR.

TO BE COMPLETED BY THE PARENTS - Please provide us with the following information regarding your church and ministry commitments.

STUDENT'S NAME _____ GRADE _____

ADDRESS _____ YEAR _____

_____ PHONE _____

PARENTS' NAMES _____

Father _____ Mother _____

1. How active is your family in your church?

Attends:	Every Week	Three Times A Month	Twice A Month	Once A Month	Rarely	Name Areas You Teach Or Serve
Sunday School	_____	_____	_____	_____	_____	_____
A.M. Service	_____	_____	_____	_____	_____	_____
P.M. Services	_____	_____	_____	_____	_____	_____
Midweek Svc	_____	_____	_____	_____	_____	_____

2. List any other Bible Studies or ministries in which your family is involved. _____

To Be Completed By The Pastor*- The above named student has applied for entrance into Polaris Christian Academy. In what capacity does the family serve in your church?

1.	Teacher	Youth	Elder/Deacon	Other (Specify)
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Student	_____	_____	_____	_____

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? _____

Pastor's signature _____ Date _____

Church Name & Address _____