



**GATEWAY  
CHRISTIAN  
ACADEMY**

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## **PASTORAL REFERENCE FORM**

Our educational philosophy centers on the idea that there are three distinct institutions that should influence your child(ren)'s life: the home, the church, and the school. If all three of these institutions are teaching the same ideals, stressing the same values, and recognizing the same truths, then we believe the child's educational potential is limitless. Please understand that we are not stating that a parent must attend a specific church to partner with Namesake Christian Academy, but the church must be of the Christian faith. We believe that we work best with parents who are "like-minded" about this philosophy and who do think that weekly corporate worship of our God is a normal priority. Since we would never check church attendance, we rely on this pastoral form to help ascertain if someone considers church a normal priority in their lives.

Applicant Name: \_\_\_\_\_

Dear Pastor:

The applicant named above is applying for admission to GATEWAY CHRISTIAN ACADEMY. We seek to partner with individuals who understand the importance of the local church not only in a general sense, but specifically in the life of their family. Your assistance in providing information for use in our admissions process will be greatly appreciated.

Church Attendance:

Weekly: \_\_\_\_\_  
Monthly: \_\_\_\_\_  
Infrequently: \_\_\_\_\_

Involvement in Church Ministries:

Highly Involved: \_\_\_\_\_  
Some Involvement: \_\_\_\_\_  
None: \_\_\_\_\_

How strongly do you recommend this applicant for partnership with GATEWAY CHRISTIAN ACADEMY?

\_\_\_\_\_ Highly Recommend                      \_\_\_\_\_ Recommend as Acceptable  
\_\_\_\_\_ Recommend with Hesitation            \_\_\_\_\_ Not Recommended

Please feel free to add any information that you would like to share about this applicant that would help explain your above answers or assist us in making a determination as to the viability of their application with our school.

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Name: \_\_\_\_\_ Church: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_