Town Creek Christian Academy Application For Admissions

Pastor Reference

TO THE APPLICANT: (please print clearly)

Fill in the information below and give this form to your current Pastor.

Student Name _____ ❑ Male ❑ Female

Candidate for the academic year beginning _____ Applying for: ❑4K-5K ❑Lower School ❑Middle School ❑High School

TO THE PASTOR:
This student is applying for admissions to Town Creek Christian Academy a private school. In providing you with this form, the student and his/her parents/guardian have authorized release of all requested information. As their Pastor please give us your assessment of their spiritual life and any other pertinent information. The Admissions Committee depends on your candid evaluation. This form is confidential. Please return it directly to Town Creek Christian Academy Admission Department, 250 Town Creek Road, Aiken, SC 29803.

Pastor Name: _____ Church Name: _____

Pastor Title: _____ Number of Years with Church: _____

How long have you known the student? _____

Would you recommend this student? ❑ Yes ❑ No

Please give detailed reason for your answer:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____