



## Pastor Recommendation Form

Family Name: \_\_\_\_\_  
Name of father: \_\_\_\_\_ Name of mother: \_\_\_\_\_  
Name and age of child(ren): \_\_\_\_\_  
Years known: \_\_\_\_\_  
Regular church attendance:    Y    N  
Church membership:            Y    N  
Father a believer:                Y    N    Unknown    Father baptized    Y    N    Unknown  
Mother a believer                Y    N    Unknown    Mother baptized    Y    N    Unknown

Please describe your relationship and experience with this family:

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Do you have any concerns about this family that we should know when considering their application for RCA? \_\_\_\_\_

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Describe the character of the father: \_\_\_\_\_

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Describe the character of the mother: \_\_\_\_\_

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Describe your observations of the child(ren): \_\_\_\_\_

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Based on your knowledge and experience with this student, please choose one of the following statements:

- I highly recommend this student for your school
- I recommend this student for your school
- I recommend with hesitancy this student for your school
- I do not recommend this student for your school

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Please return as a PDF via email to: [info@rochesterclassicalacademy.org](mailto:info@rochesterclassicalacademy.org) or by mailing to Rochester Classical Academy, 1775 East Ave, Rochester, NY 14610.