



Pastor Recommendation

Section 1 – Family Information: (To be completed by family)

After you have completed the Family Section, please give this to your pastor or spiritual leader to complete and mail or fax directly to the school. By signing below we indicate and consent for our pastor(s) or spiritual leader to provide the information requested below to MCA.

Family Name: _____

Address: _____

Telephone: _____

Names and grades of children applying to MCA:

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| Name | Grade | Name | Grade |
| _____ | _____ | _____ | _____ |
| Name | Grade | Name | Grade |

Signature: _____

Section 2 – Pastor’s Recommendation:

To be completed by the pastor or spiritual leader and mailed or faxed directly to (317) 831-5364.

Is the above family an active member of your church? ___ Yes ___ No

Have any members of the family held a leadership position in the church? ___ Yes ___ No

If yes, please explain:

Are the children active in the youth program of the church? ___ Yes ___ No

Do you consider the children open to spiritual instruction? ___ Yes ___ No

What is your understanding of this family’s relationship to God?

Are there any matters that you feel would be helpful to us as a school to know influencing the admission of this family?

Do you recommend this family for admission to Mooresville Christian Academy? ___ Yes ___ No

Pastor’s Name (Please Print) _____

Pastor’s Signature _____ Date _____

Church Name _____ Telephone Number _____

Address _____

Street City State Zip