



CATHEDRAL ACADEMY

Pastor Reference Form

To the Pastor:

The student named below is a candidate for admission to CA. We would appreciate your completing this form and returning it within one week to: CA Admissions Office, P.O. Box 41129, Charleston, SC 29423 or fax to (843) 760-1197.

Name of applicant _____ Candidate for grade _____

To be completed by any full-time Pastor on staff:

1. How long have you known the family? _____
2. Are you currently their pastor or associate pastor? _____
3. How would you evaluate the parents in the following areas:
 - a. Their church relationship, attendance, and loyalty _____
 - b. Their personal relationship to Jesus Christ _____
 - c. Their interest in having their child know and walk with the Lord _____
 - d. Do they command respect and obedience from their family? _____
4. To your knowledge, has this applicant accepted Jesus Christ as Saviour? _____
5. What positive contribution would this applicant be likely to make at CA? _____

6. In what areas do you feel we could possibly be most helpful to the child? _____

Pastor or Associate Pastor's Signature _____ Date _____
Position _____ Phone (____) _____
Church _____
Address _____ City _____ State _____ Zip _____