

**Pastor Recommendation Form**  
**FAITH CHRISTIAN ACADEMY**

3500 NE Prather Rd. Kansas City, MO. 64116  
Phone: (816) 455-0982  
[office@fcaclassical.com](mailto:office@fcaclassical.com)

**Parents: Please complete Section I and then give this form to your pastor to complete Section II.**

**SECTION I. TO BE COMPLETED BY A PARENT.**

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

	Names of Children Registering for Enrollment	Grade Entering		Names of Children Registering for Enrollment	Grade Entering
1	_____	_____	4	_____	_____
2	_____	_____	5	_____	_____
3	_____	_____	6	_____	_____

**SECTION II. TO BE COMPLETED BY THE PASTOR AND MAILED TO THE SCHOOL.**

Pastor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Email Address: \_\_\_\_\_

The above family is applying for admission of their child(ren) to Faith Christian Academy.

How long have you known this family? \_\_\_\_\_

How long has this family been attending your church? \_\_\_\_\_

Is this family a member of your church? \_\_\_\_\_

Please comment on this family's involvement in your church: \_\_\_\_\_

\_\_\_\_\_

Please comment on this family's Christian life: \_\_\_\_\_

\_\_\_\_\_

Do you recommend this family's child(ren) for enrollment in Faith Christian Academy?

\_\_\_\_\_

\_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

**Please Mail Pastor Recommendation Form to:**  
**Faith Christian Academy**  
**3500 NE Prather Road**  
**Kansas City, MO. 64116**

**If you have any questions,**  
**please e-mail us at**  
[\*\*office@fcaclassical.com\*\*](mailto:office@fcaclassical.com)  
**or call (816) 455-0982**

**THANK YOU!**