



SUMMIT CHRISTIAN ACADEMY PASTORAL REFERENCE

To Be Completed By Pastor or Youth Pastor
Grades 7th – 12th

APPLICANT'S NAME: _____

is applying for admission to Summit Christian Academy. Your honest and forthright evaluation and comments are appreciated. *This document is confidential.*

- 1. How long have you known this applicant? _____mos. 1-2 yrs 3-5 yrs 5 yrs or More
- 2. How well do you know this applicant? Casually Well Very Well
- 3. To your knowledge has this student ever been treated for emotional problems? Yes No N/A
- 4. To your knowledge has this student ever been convicted of a juvenile crime? Yes No N/A
- 5. To your knowledge is the family active in church? Yes No N/A
- 6. Has the applicant made a profession of faith in Jesus Christ as Savior? Yes No N/A
- 7. Is the applicant active in Sunday school or a similar youth Bible study group? Yes No N/A

Please rate the applicant in the following areas by circling your response.

	Low				High
Demonstrates good character: Examples:	1	2	3	4	5
Demonstrates cooperative attitude: Examples:	1	2	3	4	5
Demonstrates effective work habits: Examples:	1	2	3	4	5
Demonstrates age-appropriate emotional maturity: Examples:	1	2	3	4	5
Demonstrates academic potential: Examples:	1	2	3	4	5
Demonstrates respect for authority: Examples:	1	2	3	4	5

Please write additional comments about the applicant and the family that would aid the admission's decision.

Summit Christian Academy expects students to follow Jesus Christ as disciples, adhering to the high standards of Christian conduct and academic excellence. In light of our expectations, please comment on your observations of this applicant.

Recommendation for Admission to Summit Christian Academy

_____ Strongly Recommend

_____ Recommend with Reservations

_____ Recommend

_____ Do not Recommend

Pastoral Signature: _____ Date: _____

Please fill in the following information:

Pastor's Name: _____

Church Name: _____ Denomination/Affiliation: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Position Held: _____ Phone Number: _____

Please mail this completed reference form to: Summit Christian Academy
Admissions Office
200 E Broadway
Broken Arrow, OK 74012
Fax# 918-251-2831