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www.rcanc.us

Confidential Pastor/Character Reference Recommendation

Dear Parent or Guardian: Complete the following information and give this form to your pastor/community leader.

Student: _____ Grade Applying _____

My son/daughter is applying for admission to Riverside Christian Academy. I would appreciate your completion of this form and returning it to the school office at Riverside Christian Academy.

Date: _____ Signature of Parent _____

Name of Church _____ Name of Pastor/Community Leader _____
(If applicable) City

Dear Pastor/Community Leader:

The above named student has applied for admission at Riverside Christian Academy. We would greatly appreciate you taking your time to complete this reference form for the student above.

How well do you know the family? ☐ just by name & sight ☐ casually, a few contacts
☐ very well, close relationship
☐ fairly well, numerous personal contacts

Please rate the family's church involvement: (if applicable)

☐ enthusiastically involved ☐ attends and is regularly involved
☐ attends but not very involved
☐ seldom attends

Does the family display the attitudes you would expect in a Christian? ☐ Yes ☐ No ☐ Sometimes ☐ Not Sure

Do the parents demonstrate a strong interest in the spiritual and moral development of the child?

☐ Yes ☐ No ☐ Sometimes ☐ Not Sure

| Student's involvement: | Excellent | Above Average | Average | Below Average | Unknown |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Active in Church & Church Activities: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Integrity: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-Control: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attitude towards Authority: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friendships: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Has the student made a Profession of Faith: ☐ Yes ☐ No ☐ Unknown

Does the student display the attitudes you would expect in a Christian? ☐ Yes ☐ No ☐ Sometimes

Based on the knowledge you have of the child and the family, would you consider them compatible with a Christian school environment? ☐ Yes ☐ No ☐ Not Sure

Pastor/Community Leader Signature _____ Date _____