



2010 Middle River Loop, Fayetteville, NC 28312
 (910) 323-4026--RCA Office (910) 323-2843—Fax
www.ranc.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
 - very well, close relationship
 - fairly well, numerous personal contacts
 - casually, a few contacts

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

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

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 _____