

**Metro Christian Academy**  
*A Ministry of Metro Baptist Church*  
322 East Cedar Street, Goodlettsville, TN 37072  
Tel: (615) 859-1184 ext. 21 Fax: (615) 859-5562  
Email –mrsaugustin@mcaeagles.com

**Financial Reference Form**

**Part I: To be completed by the parent or legal guardian requesting the reference.**

Student's Name \_\_\_\_\_ Sibling(s) \_\_\_\_\_

Parent/Billing Name \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

I/We have applied for enrollment at MCA. I/We authorize the following school to provide the information requested below to MCA. A copy or fax of this authorization may be accepted as an original. I understand that this information will be kept in strict confidence.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

**Part II: To be completed by the principal or Business Office Personnel of the following school:**

School Name \_\_\_\_\_

The above family has made application to MCA. We want to be sure that a child's records can be obtained and not withheld due to unresolved financial obligations. Please complete this form and mail or fax it directly to the elementary or high school principal at the MCA address above. This information will be kept strictly confidential. Your time and cooperation in this matter is greatly appreciated.

How many years has this family been a part of your school? \_\_\_\_\_

Is this family in good standing financially with your school? (circle one) yes / no

Will we be able to obtain academic records right away from your school?  
(circle one) yes / no

\_\_\_\_\_  
Business Office Personnel or Principal's Signature Date

\_\_\_\_\_  
Contact number for verification