



**MetroChristian
Academy**

A MINISTRY OF METRO BAPTIST CHURCH

**322 East Cedar Street
(615) 859-1184, ext. 21 office**

**Goodlettsville, TN 37072
(615) 859-5562 fax**

Pastoral Reference Form

Parent's Name: _____

Name of Applicant (s): _____

Grade Entering _____

Grade Entering _____

Grade Entering _____

Dear Pastor,

The above family is currently applying for enrollment to Metro Christian Academy. We believe it takes the church, home, and school, working together to bring a young person to maturity in Christ. As part of our admissions process, we are asking you to answer the following questions. Thank you for assisting us. (This form may be completed by a Senior Pastor, Youth Pastor, Children's Pastor, or Sunday School Teacher)

How long have you known the applicant(s)? _____ In what capacity? _____

How would you describe the church involvement of each person listed in the following areas?

(Circle One)	<u>Church Attendance</u>			<u>Church Membership</u>	<u>Church Ministry</u>
Applicant(s)	Regular	Inconsistent	Never	Yes/No	Yes/No
Father	Regular	Inconsistent	Never	Yes/No	Yes/No
Mother	Regular	Inconsistent	Never	Yes/No	Yes/No

How would you describe the spiritual walk of the person listed? (Circle One)

Applicant(s)	No interest in spiritual growth	Average spirituality	Spiritually strong	Do not know
Father	No interest in spiritual growth	Average spirituality	Spiritually strong	Do not know
Mother	No interest in spiritual growth	Average spirituality	Spiritually strong	Do not know

Every school subject and activity at Metro Christian Academy is based on the School's Mission Statement, which is:

Metro Christian Academy, a ministry of Metro Baptist Church, exists to co-labor with parents to provide a balanced educational experience with a Christian worldview.

Metro Christian Academy wishes to instill in students strong moral and ethical values that exemplify biblical standards. Please answer the following questions concerning the family's compatibility with this philosophy.

Is the lifestyle of the person listed consistent with the school's spiritual mission and standards? (Circle One)

Applicant(s)	Yes	No	Do not know
Father	Yes	No	Do not know
Mother	Yes	No	Do not know

With this Christian philosophy of education in mind and any additional knowledge you have of Metro Christian Academy, how do you feel this family will fit into our school program?

If you were a member of the Admissions Committee, how would you vote to accept this student(s)?

(Circle One)

Enthusiastically Willingly With Reservations Not at all

Thank you for your willingness to complete this form, which is a necessary step in the admissions process at Metro Christian Academy. We appreciate your ministry as well as your support of our school.

Person completing this form: (Please print) _____

Signature _____ Date _____ Title _____

Church _____ Phone Number _____

After completion, please mail or fax this form directly to:

Metro Christian Academy

Attention: Cyndi Augustin

322 East Cedar Street

Goodlettsville, TN 37072

TEL: (615) 859-1184 FAX: (615) 859-5562