



## Pastor's Reference Form

TO BE COMPLETED BY THE STUDENT'S PARENTS

STUDENT'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

STUDENT'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PASTOR'S NAME: \_\_\_\_\_

CHURCH: \_\_\_\_\_ CHURCH PHONE: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE STUDENT? \_\_\_\_\_

PLEASE LIST SOME STRENGTHS OF THE CHILD: \_\_\_\_\_

PLEASE LIST SOME WEAKNESSES OF THE CHILD: \_\_\_\_\_

WILL YOU RECOMMEND THIS CHILD FOR New Bern Christian Academy? \_\_\_\_\_

Please write any comments or questions about this child that you deem necessary for us to know:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PASTOR'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PLEASE FAX OR MAIL THIS FORM TO:

NEW BERN CHRISTIAN ACADEMY  
2911 OLD CHERRY POINT RD.  
NEW BERN, NC 28560  
Phone (252) 637-2704 Fax (252) 637-0032