



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