

# PASTORAL RECOMMENDATION

**(This form must be completed and returned to Lafayette Christian Academy at the time of the interview)**

Family Name: \_\_\_\_\_

Student Names: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dear Pastor,

In order to enroll at Lafayette Christian Academy, each family must have their pastor, bishop, or priest complete the following questions. It is required that all students and parents attend a Bible believing church. It is our desire to educate the entire student – Spirit, Mind, and Body.

The family listed above has applied for admission to Lafayette Christian Academy. Lafayette Christian Academy exists as an extension of the discipleship and training program of the family's home. It is necessary that we receive support and assistance from the home and local church to effectively minister to the students and their families.

Thank you for taking the time to answer the following questions concerning this family. Please complete the information below and return it to Lafayette Christian Academy. Our fax number is (337) 233-3555 (Elementary Business Office) and (337) 456-5131 (High School Office), and our mailing address is 220 Portland Avenue, Lafayette LA 70507. If you have any questions, please call us at (337) 234-9860.

Thank you,

Dan Savoie, Principal

- Is this family faithful in attendance to your local church? \_\_\_\_\_
- The length of time this family has been attending your church? \_\_\_\_\_
- Is this family currently seeking membership at your church? \_\_\_\_\_
- Is this family in harmony with the leadership of your church? \_\_\_\_\_
- Can you recommend this family as a member of Lafayette Christian Academy? \_\_\_\_\_
- Describe the spiritual commitment of the student and family? (Optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address of Church