



10 Windy City Road

Jackson, TN 38305

Phone: 731-668-8500

Fax: 731-668-3232

Pastoral Reference

Parent

Please sign this waiver and submit this form to a pastor at your church. Thank you.

Parents' names _____

Applicant's name _____

My child is an applicant for admission to Trinity Christian Academy. I hereby authorize you to release to Trinity Christian Academy the following confidential reference form *that you should mail directly to the Trinity Christian Academy Admissions Office*. I waive my right to review the information provided on this form.

Church name _____ Pastor's Name _____ Telephone _____

Mailing address _____ City _____ State _____ Zip code _____

Signature of parent _____ Name of parent (please print) _____ Date _____

Pastor

Thank you for completing this form in consideration of the above named family. Return this form to **Trinity Christian Academy Admissions Office, 10 Windy City Road, Jackson, TN 38305**. Please know that this information will remain confidential. In what capacity have you known the family? _____

For how long? _____

Is this family actively involved in your church? Please explain. (*Active means attends church more than twice a month and takes part in church body life.*) _____

Is there a credible profession of faith in Jesus Christ on the part of at least one parent of this applicant? _____

I recommend this family to Trinity Christian Academy

Enthusiastically

Strongly

Moderately

With Some Reservation

Your name (please print) _____

Date _____

Signature _____ Position _____ Denomination _____

If you checked the **With Some Reservation** box, please explain: _____

