



K A N K A K E E
TRINITY ACADEMY
Pre-School - High School

Pastor's Recommendation

To Be Completed By Parents:

Enter the name and address of the student making application in the spaces provided below. Please ask your Pastor to complete the second portion of this form in its entirety and mail it directly to the school.

Student's Name: _____

Parent's Name: _____

Address: _____

City/State/Zip: _____

To Be Completed By Pastor:

Dear Pastor:

We would be grateful if you would complete the following reference form for the above named student who is applying for admission to *Kankakee Trinity Academy*. This form is helpful as we seek to determine if *Kankakee Trinity Academy* is the right educational environment for this student.

Kankakee Trinity Academy Board of Directors

1. How many years has this family attended your congregation? _____

2. How would you evaluate the family's involvement in the ministries of your congregation?

- _____ Regular and faithful
- _____ Fairly regular and faithful
- _____ Sporadic in attendance
- _____ Seldom attends/participates

3. Does the student indicate submission to the authority of parent(s)/guardian?

_____ Yes _____ No _____ Sometimes

4. Does the family demonstrate respect for the authority of your local church and the Biblical principles you proclaim?

_____ Generally yes _____ Somewhat _____ No

5. What evidence is there that the parent(s)/guardian and the student have a relationship with Christ?

Church Information

Church Name

Church Address

City, State, Zip

Phone

Pastor's Signature

Thank you for your assistance with this reference. God bless you and your ministry!

Please mail this completed form to:

Kankakee Trinity Academy
ATT: Records Department
1580 Butterfield Trail
Kankakee, Illinois 60901