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SPIRITUAL LEADER RECOMMENDATION

Parent/Guardian: Complete the top portion of this form, then giving it to your spiritual leader (pastor, priest, etc.) with a stamped envelop addressed to FLCA † 150 Sunset Boulevard † Washington, PA 15301

I/We hereby waive my/our right to access this completed form by my/our spiritual leader.

PARENT/GUARDIAN PRINTED NAME _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN PRINTED NAME _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

APPLICANT'S NAME _____ GRADE ENTERING _____

CHURCH AND AFFILIATION _____ SPIRITUAL LEADER _____

Dear Spiritual Leader:

The above applicant has applied for admission to First Love Christian Academy.

The below reference is necessary for the application process. We recognize the importance of a Christ centered family in order to succeed in a partnership with the parent/guardian as the child matures to Christian adulthood.

Please complete this form and mail it to the school within one week if possible. The information you provide will help us make a determination of the suitability between FLCA and the applicant. If you have any questions, please call us at 724.228.3547.

In His service,

FLCA admissions

SPIRITUAL LEADER RECOMMENDATION

TO BE COMPLETED BY SPIRITUAL LEADER:

1.) HOW LONG HAVE YOU KNOWN THE ABOVE PARENT(S)/GUARDIAN(S)

_____ LESS THAN 6 MONTHS _____ 6MONTHS-1YEAR _____ 1-2 YEARS

_____ 2-5 YEARS _____ 5-10 YEARS _____ MORE THAN 10 YRS

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2.) ARE THEY MEMBERS OF YOUR CHURCH? _____ YES _____ NO

3.) DESCRIBE THIS FAMILY'S ATTENDANCE AT WORSHIP SERVICES PLEASE PLACE "P" FOR PARENT/GUARDIAN, AND "A" FOR THE APPLICANT.

_____ REGULAR _____ SEMI-REGULAR (2 X MONTH)

_____ OCCASIONAL (LESS THAN 2 A MONTH) _____ SELDOM _____ NEVER

COMMENTS _____

4.) DESCRIBE ANY CHURCH RELATED ACTIVITIES, MINISTRIES, OR MISSIONS THE PARENTS/GUARDIANS ARE INVOLVED IN REGULARLY. (SUNDAY SCHOOL, HELP IN THE OFFICE, ELDER, ETC.)

5.) IF DIFFERENT FROM THE PARENTS/GUARDIANS, PLEASE DESCRIBE THE APPLICANT'S INVOLVEMENT IN ANY CHURCH RELATED ACTIVITIES, MINISTRIES, OR MISSIONS.

6.) DESCRIBE TO YOUR KNOWLEDGE ANY CHRISTIAN ACTIVITIES THE PARENTS/GUARDIANS ARE INVOLVED IN OUTSIDE OF YOUR CHURCH.

7.) IF DIFFERENT FROM THE PARENT/GUARDIAN, PLEASE DESCRIBE THE APPLICANT'S INVOLVEMENT IN ANY CHRISTIAN ACTIVITIES OUTSIDE OF YOUR CHURCH.

8.) DOES THIS PARENTS'/GUARDIANS' LIFESTYLE REPRESENT THEIR CHRISTIAN PROFESSION? _____ IF NO, PLEASE EXPLAIN _____

9.) DOES THE APPLICANT'S LIFESTYLE REPRESENT HIS/HER CHRISTIAN PROFESSION? _____ IF NO, PLEASE EXPLAIN _____

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10.) IS THERE ANYTHING ADDITIONAL TO THE ABOVE INFORMATION THAT WE SHOULD CONSIDER WHEN PROCESSING THIS APPLICATION?

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PRINTED NAME _____ CONTACT NUMBER _____

SIGNATURE _____ DATE _____

Thank for your input for this selection process!