



4330 NW Cookingham Dr.
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PASTOR'S RECOMMENDATION

I. To Be Completed By the Parent

Family Name: _____

Address: _____

Table with 4 columns: Names of Children Eligible for Enrollment, Grade Entering, Names of Children Eligible for Enrollment, Grade Entering. It contains three empty rows for data entry.

The above family has submitted an application for admission to Faith Christian Academy. Please complete the information on this form and return it as soon as possible to the FCA office by mail (address above) or as an email attachment to admissions@fcaclassical.com.

II. To Be Completed By the Pastor

Pastor Name: _____ Phone Number: _____

Name of Church: _____

Email Address: _____

III. Please answer the following questions as thoroughly and accurately as possible.

How long have you known this family?

- Checkboxes for: Fewer than six months, 6 mo. - 2 years, More than 2 yrs., I don't know this family

How long has this family been attending your church?

- Checkboxes for: Fewer than six months, 6 mo. - 2 years, More than 2 yrs., I am uncertain

Is this family a member of your church?

- Checkboxes for: Yes, No, Uncertain / No membership

Is this family involved in the church?

- Checkboxes for: Yes, No, Uncertain

Is there anything else that would be helpful for us to know as we make our decisions? _____

Pastor's Signature: _____ Date: _____