



Destiny Christian Academy
Pastoral Reference

Please enter your name, address and phone number below and then submit this form to your Pastor to complete. Attached is a pre-addressed envelope. You will need to provide the postage for it to be mailed directly to DCA by your Pastor upon completion.

The following student has applied for admission to Destiny Christian Academy:

Student's Name: _____

Address: _____

City, Province and Postal Code: _____

Phone: _____

The items below are to be completed by the Pastor:

Please provide responses to the items below and then mail this form in the pre-addressed envelope provided to you.

Name of Church: _____

Name of Pastor: _____

Address: _____

Phone: _____

Years the child has attended the Church: _____ Years the parents have attended: _____



Please check the activities in which the student currently participates on a regular basis:
(where applicable)

Children's Church:	_____	Sunday Morning Service:	_____
Sunday Evening Service:	_____	Mid-week Service:	_____
Outreach Ministries:	_____	Prayer Meetings:	_____
Youth Activities:	_____	Other (Please specify):	_____

Please comment on the student in the areas of: (where applicable)

Conversion: _____

Spiritual Growth: _____

Commitment and Discipleship: _____

Do you feel this student would be an asset to a Christian school environment?

Any additional information that you feel is necessary (or would be helpful) for DCA to be made aware of:

Signature

Date