



LIGHTHOUSE
CHRISTIAN ACADEMY

510 Thompson Creek Road
Stevensville, Maryland 21666
410-643-3034

PASTOR'S RECOMMENDATION FORM

SECTION I: FAMILY INFORMATION

(To be completed by the applying student's parents or guardians)

FAMILY NAME: _____

ADDRESS: _____

TELEPHONE: _____

HOME CHURCH: _____

NAMES AND GRADES OF CHILDREN APPLYING: _____

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SECTION II: PASTOR'S RECOMMENDATION

(To be completed by your Pastor)

Dear Pastor,

The children listed above have submitted application for admission to Lighthouse Christian Academy. The philosophy of Lighthouse Christian Academy is to provide a God honoring, Christ centered education for children of Christian families. We seek to work in concert with the home and local church to provide this education. Since we feel that church attendance and active participation in the local church are essential for a child's education, we request that this form be completed by the family's pastor as part of the admission process. The family's application is not complete until this form is received by the school's administration. Please feel free to use additional sheets of paper when necessary.

Thank you for your assistance!

PASTOR'S NAME: _____

NAME OF CHURCH: _____

ADDRESS: _____

TELEPHONE: _____

How long has this family fellowshiped with your Church? _____

Are the Parents/Guardians members of your Church? _____

Is the family active in the Church and its ministries? _____

If yes, please indicate activities or ministries _____

Are the children active in the youth programs of the Church? _____

Do the children regularly attend Sunday school? _____

Do you consider the children open to spiritual instruction? _____

If no, please explain: _____

What is your understanding of this family's relationship to GOD? _____

Are there any matters that you consider helpful to the school's administration in evaluating the family's application for admission to the school?

Do you recommend this family for admission to Lighthouse Christian Academy? _____

If no, please explain: _____

State any additional comments or explanations: _____

_____ **Date:** _____
Pastor's Signature

Your cooperation with the school in our efforts to provide a God honoring, Christ centered education to Christian families is greatly appreciated. If you would like further information about the school or if you would like to discuss the contents of the form with us, please check the block below and someone from the school's administration will call you.

() Please call me at the phone number listed above or at this number: _____