



2010 Middle River Loop, Fayetteville, NC 28312  
(910) 323-4026--RCA Office (910) 323-2843--Fax  
[www.rcanc.us](http://www.rcanc.us)

### Confidential Pastor/Character Reference Recommendation

**Dear Parent or Guardian:** Complete the following information and give this form to your pastor/community leader.

**Student:** \_\_\_\_\_ **Grade Applying** \_\_\_\_\_

My son/daughter is applying for admission to Riverside Christian Academy. I would appreciate your completion of this form and returning it to the school office at Riverside Christian Academy.

**Date:** \_\_\_\_\_ **Signature of Parent** \_\_\_\_\_

**Name of Church** \_\_\_\_\_ **Name of Pastor/Community Leader** \_\_\_\_\_  
(If applicable) City

#### Dear Pastor/Community Leader:

The above named student has applied for admission at Riverside Christian Academy. We would greatly appreciate you taking your time to complete this reference form for the student above.

**How well do you know the family?** ☐ just by name & sight ☐ casually, a few contacts  
☐ very well, close relationship  
☐ fairly well, numerous personal contacts

#### Please rate the family's church involvement: (if applicable)

☐ enthusiastically involved ☐ attends and is regularly involved  
☐ attends but not very involved  
☐ seldom attends

**Does the family display the attitudes you would expect in a Christian?** ☐ Yes ☐ No ☐ Sometimes ☐ Not Sure

**Do the parents demonstrate a strong interest in the spiritual and moral development of the child?**

☐ Yes ☐ No ☐ Sometimes ☐ Not Sure

Student's involvement:	Excellent	Above Average	Average	Below Average	Unknown
Active in Church & Church Activities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Control:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards Authority:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendships:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Has the student made a Profession of Faith:** ☐ Yes ☐ No ☐ Unknown

**Does the student display the attitudes you would expect in a Christian?** ☐ Yes ☐ No ☐ Sometimes

**Based on the knowledge you have of the child and the family, would you consider them compatible with a Christian school environment?**    ☐ Yes    ☐ No    ☐ Not Sure

Pastor/Community Leader Signature\_\_\_\_\_Date\_\_\_\_\_