



THE MASTER'S ACADEMY

PASTORAL REFERENCE FORM

TMA parent, please complete the top portion of this form for your family, and then give this form to your pastor or church office to complete and return to The Master's Academy.

Church Name _____ Date _____

Church Address _____

Church Denomination/Affiliation _____ Church Phone Number _____

Pastor's Name _____

Parent's Name _____ Phone _____

Name(s) of Child(ren) & grades they will be entering _____

Our family affirms our commitment to the above named church by attending at least 3 to 4 times per month. Yes No

Please circle any additional activities that your family participates in:

Teacher Mission Trips Church Officer Youth Group Visitation Nursery Usher Parking Deacon

Office Assistant Bus/Van Driver Music Ministry Evangelism Outreach Other _____

PASTOR/CHURCH OFFICIAL TO COMPLETE

Dear Pastor,

The forenamed student(s) is/are a member or attends weekly in the church in which you serve. This student is seeking enrollment at The Master's Academy. TMA serves Christian families who worship the Lord in a local Bible believing church. This school exists to "pursue spiritual and academic excellence with Christian families by going the second mile." In order to achieve our purpose, it is essential for each TMA family to be active participants in their church. Please take a moment and complete this form.

Student(s) and family have attended your fellowship: ___ less than 1 year ___ 1 or more years

To what degree is the family compatible with a Christian school environment?

___ very compatible ___ compatible ___ somewhat compatible ___ not compatible

I would rather discuss this family with you personally instead of completing this form.

___ I will call you ___ Please call me at _____

Comments _____

Pastor/Church Official Signature _____ Date _____

Pastor/Church Email _____