

HEIRWAY CHRISTIAN ACADEMY

6758 SPRING STREET
DOUGLASVILLE, GEORGIA 30134

770-489-4392 / FAX – 770-489-4392

PASTOR RECOMMENDATION FORM

(This portion to be filled out by the student or parent)

Student's Name _____

Grade Entering: _____

School Last Attended: _____

Name of Church: _____

Parent's Names: _____

Dear Pastor,

Our school is a non-denominational Christian educational institution. We minister to Christian families who want Christian education for their children.

Would you say that this student and his or her family is

_____ Actively involved in the Church?

_____ Moderately involved?

_____ Seldom involved?

Please take a moment to write a recommendation below. Do you see evidence that the above student is a Christian? Do you see evidence that this young person desires a stronger relationship with the Lord?

Thank you for taking the time to help. Please fax or mail this form back to us as soon as possible. It is necessary for the student's admission. Our fax number is 770-489-4318. May God bless you and your ministry?

Thank You!

Mr. Timothy Thomas
Principal