



VERITAS CHRISTIAN ACADEMY *of* HOUSTON

Admissions Office

7000 Ferris, Bellaire, Texas 77401

Telephone: 713-773-9605 FAX: 713-773-9753

Email: admissions@veritasca.org Website: www.OneGreatSchool.com

PASTOR/MINISTER CONFIDENTIAL REFERENCE FORM

Parent/Guardian must sign this form and provide it to the applicant's pastor/minister via fax or with an addressed/stamped envelope.

My child is applying for admission to Veritas Christian Academy of Houston. Please complete this form at your earliest convenience as the application process will not start until all recommendations are on file. I hereby authorize the release of my child's records and evaluative data to Veritas Christian Academy and **waive all my rights to have access to this recommendation.**

Parent/guardian name: _____

Signature: _____

Student(s) name: _____

Applying to grade: _____

Pastor/minister name: _____

Congregation: _____

Dear Pastor/Minister:

The above-named applicant is applying for admission to Veritas Christian Academy of Houston. Part of the student application process is a reference form completed by a pastor of the applicant's church. This information will aid in the admissions process as well as in the future ministry Veritas Christian Academy will have with the student(s) and family should enrollment materialize. We appreciate your completion of this form as well as your ministry in the community.

**Please circle one and comment where you deem appropriate. 5 = Highest 0 = Lowest
In comments, please include tenure.**

1. Parent/guardian church attendance:
1 2 3 4 5 _____

2. Student(s) church attendance:
1 2 3 4 5 _____

3. Parent/guardian involvement in ministry:
1 2 3 4 5 _____

4. Student(s) involvement in ministry:
1 2 3 4 5 _____

5. Are parents/guardians church members? Yes _____ No _____ Tenure: _____ Years

6. A requirement for admission into Veritas Christian Academy is that at least one parent/guardian OR the student applicant be a professing Christian, having a personal relationship with Jesus Christ. Applying the scriptural basis for making such an assessment, does this family and/or applicant meet this qualification?

7. Please indicate any areas in which the student(s) might need special attention:

9. Please add any additional comments:

10. Recommendation of this applicant for admission to Veritas Christian Academy:

- | | |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Recommend without any reservation |
| <input type="checkbox"/> | Recommend with some reservations |
| <input type="checkbox"/> | Do not recommend |

11. If any further information were needed would you be willing to have additional discussion with the admissions office? Yes / No (Please circle one)

Signature

Date

Type or print name

Position

Email address

Telephone