



CHURCH REFERENCE FORM

Parent(s) Name _____

Phone _____

Student Name and Grade _____

Dear Pastor or Church Official,

Part of the application process for Apopka Christian Academy is a reference form completed by a church official at the applicant's church. This information will aid in the admissions process.

We appreciate your completion of this form as well as your ministry in the community.

Please check one

_____ I have completed the form in its entirety.

_____ I am unable to complete this form and would prefer to discuss this reference by phone. I will contact Apopka Christian Academy Office at 407-949-7997.

Please circle one and write a comment where appropriate

Parents church attendance most closely resembles:

Less than 3 times/month every Sunday more than once/week

Comment _____

Student church attendance most closely resembles:

Less than 3 times/month every Sunday more than once/week

Comment _____

Parents are members of your church: _____ Yes _____ No

Student is a member of your church: _____ Yes _____ No

How many years has this family been involved in your church? _____

Areas of Serving _____

Other comments _____

Church Official's Name _____

Church Name _____

Church Address _____

Thank you for your time. Please mail, email or fax completed form to:

Apopka Christian Academy, 441 S. Highland Ave., Apopka, FL 32703 • Fax 407-814.3850 • registrar@apokchristian.org

CHARACTER REFERENCE FORM

Part of the application process for Apopka Christian Academy is a character reference form completed by a non-family member. This information will aid in the admissions process. We appreciate your completion of this form.

Reference Name _____

Student Name and Grade _____

What is your relationship to this student/family _____

Based on your personal experience and knowledge of this student, what is your assessment of his/her strengths and inclination _____

Comments

Please circle the appropriate response:

1 =Below Average 4=Outstanding *(Please comment on any number marked below 3)*

Self-discipline 1 2 3 4 _____

Leadership Potential 1 2 3 4 _____

Personal Integrity 1 2 3 4 _____

Conduct and Discipline 1 2 3 4 _____

Respect for Adults 1 2 3 4 _____

Concern for Others 1 2 3 4 _____

Dependability 1 2 3 4 _____

Responsibility 1 2 3 4 _____

Age-Appropriate Social _____

Interactions 1 2 3 4 _____

Parental Involvement 1 2 3 4 _____

Overall Recommendation 1 2 3 4 _____

Other Comments _____

Signature _____ Date _____

Address _____

Phone Number _____

Thank you for your time. Please mail, email or fax completed form to:

Apopka Christian Academy, 441 S. Highland Ave., Apopka, FL 32703 • Fax 407-814.3850 • registrar@apokchristian.org