

INTERNATIONAL  
STUDENT  
PASTORAL  
REFERENCE

(Pastor, Church  
Youth Leader, or  
Sunday School)

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

OUR MISSION

The King's Academy is a Christ-centered school that inspires academic excellence, servant leadership, and enduring relationships.

OUR VISION

Graduates of The King's Academy are transformed by Christ, live a life that honors God, and use their gifts to influence the world for Him.

RATINGS: CHECK HOW YOU WOULD RATE THE APPLICANT IN THE FOLLOWING AREAS:

ACADEMICALLY / SOCIALLY	EXCELLENT	GOOD	FAIR	POOR
Cooperation with parents				
Response to authority				
Peer group relations				
Handling responsibility				

Christian Commitment (Student): \_\_\_\_very evident \_\_\_\_somewhat evident \_\_\_\_no evidence

Church Attendance (Student): \_\_\_\_faithful & regular \_\_\_\_occasional \_\_\_\_infrequent

Church Relationship (Parent):

\_\_\_\_member in good standing \_\_\_\_not a member, but committed \_\_\_\_non-active in the church

In what capacity, and for how long, have you known the applicant? \_\_\_\_\_

Please describe the church activities in which this applicant participates. (*Choir, youth group, Bible study, catechism, etc.*) \_\_\_\_\_

Please comment on any emotional, social, or behavioral issues of which we should be aware? \_\_\_\_\_

Is the applicant active in Sunday School and/or youth program of the church? \_\_\_\_\_

Do you consider the applicant to be open to spiritual instruction? \_\_\_\_\_

In your opinion, what qualities in the applicant need to be improved? \_\_\_\_\_

Do you recommend this applicant for admission to The King's Academy? \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Church \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Please mail or fax directly to the Admissions Office at The King's Academy: 408.716.5108

**All responses will remain confidential. Thank you.**



THE KING'S  
ACADEMY

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