

# Ross Corners Christian Academy

2101 Owego Road, Vestal, NY 13850

Phone/Fax: (607) 748-3301

## Student Recommendation for Admission

(to be completed by Pastor or Youth Pastor)

The student named below has applied for admission at Ross Corners Christian Academy. Please provide us with the following information to the best of your knowledge.

Student Name: \_\_\_\_\_

Pastor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Church Name and Address: \_\_\_\_\_  
Denomination: \_\_\_\_\_

Briefly describe your relationship to the student: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you known the student/student's family: \_\_\_\_\_

How would you describe the student's Christian character, academic abilities, and involvement in your church? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you recommend the student for admission to RCCA?  Yes  No

If no, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please note: All information provided will remain confidential*