



# Inverness Christian Academy

Grades 6<sup>th</sup> – 12<sup>th</sup>  
Pastor/Youth Pastor Recommendation Form

**I. Parent, please complete this section only.** After you have filled in this top section, please give this form to your pastor or youth pastor to complete and fax, email, or mail directly to the school. Please fill out a separate sheet for each child.

Parent's Name \_\_\_\_\_

Parent's Address \_\_\_\_\_

Church Home \_\_\_\_\_

Name of Child (applying for ICA grades 6-12) \_\_\_\_\_

Grade Applying for \_\_\_\_\_

I give my permission for the ICA administration to periodically contact the pastor listed below regarding the information listed on this form.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**II. Pastor/Youth Pastor, please complete this section:** The above family has applied for enrollment to Inverness Christian Academy. Please aid us in answering the brief questionnaire below. Feel free to make a copy of this form prior to its return to us, and share its content with the family, if you so desire. (Please use the back side of this form if more room is needed)

Is the above-mentioned student an active member of your church?

Regular attendance: Yes \_\_\_\_\_ No \_\_\_\_\_ Involved in church programs: Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Would you consider the student open and sensitive to spiritual instruction? \_\_\_\_\_  
\_\_\_\_\_

Does the student cooperate well with those in authority? \_\_\_\_\_

Are there any matters that you feel would be helpful to us in evaluating the admission of this student? \_\_\_\_\_  
Explain \_\_\_\_\_  
\_\_\_\_\_

Do you recommend this student for admission to Inverness Christian Academy? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Please return to:  
Stephen Lambert, Principal  
Inverness Christian Academy  
4222 S. Florida Avenue  
Inverness, FL 34450  
FAX: (352)765-4084  
[ICASecretary2000@gmail.com](mailto:ICASecretary2000@gmail.com)

Signature \_\_\_\_\_

Title/Church Name \_\_\_\_\_

Church Phone \_\_\_\_\_

Date \_\_\_\_\_

\*\*Please return this form within seven days. Thank you.

"A Better Education in a Better Environment"