

GREENVILLE CLASSICAL ACADEMY

Pastoral Reference Form

2519 Woodruff Road
Simpsonville, SC 29681

Email: office@greenvilleclassical.com
Web address: www.greenvilleclassical.com
Phone: 864-329-9884

Applicant's Name _____ Grade Applying For _____

Parents Name _____ Date _____

Dear Pastor,

This student is seeking admission to Greenville Classical Academy, an independent, non-denominational school. The mission of Greenville Classical Academy is to glorify God (*Deum Glorificare*) through the provision of a rigorous classical education that will transform its students into discerning followers of Jesus Christ.

Please complete this reference form as it pertains to this family and return it to the address listed above. All responses will be treated with complete confidentiality.

Christian Commitment: _____ evident and beyond question
 _____ no evidence of commitment

Church Attendance: _____ faithful and regular
 _____ occasional
 _____ infrequent
 _____ never

Church Relationship: _____ members in good standing
 _____ not members, but exhibit commitment
 _____ not supportive

Do you recommend this applicant for admission to Greenville Classical Academy? _____

How long have you known the applicant and his/her family? _____

Pastor's Signature _____ Date: _____

Church _____ Phone: _____

Church Address _____

E-mail Address _____

If in the future, you have reason to withdraw your recommendation for this family, we would appreciate your contacting us to let us know. Thank you.

For questions about this form contact

Nancy Blough, Admissions Director
nblough@greenvilleclassical.com
864-230-5511