



Pastor's Letter of Recommendation for Christian Academy of the Smokies & CAS Home School

(Parents please fill out the first part of this form)

Names of Parent(s)/Guardian(s): _____

Home Phone # _____ Cell Phone # _____

Child(ren)'s name(s):

_____	Grade: _____
_____	Grade: _____
_____	Grade: _____
_____	Grade: _____

(Pastor, please fill this in)

1. Are both parents or guardians *faithful* members in good standing of your congregation? _____ Comments: _____
2. Do the parents attend your services weekly, occasionally, or very seldom?

3. Do the students attend your services weekly, occasionally, or very seldom?

4. Is the family actively involved in your church?

5. Are there any behavioral issues that we should be aware of?

6. This family has applied to be a part of Christian Academy of the Smokies or CAS Home School. Do you think they would be a good candidate for our Academy or Home School?

7. Please tell us any information that you feel might be helpful.

Pastor's Signature

Pastor's Name

Date

Church Name

Church Address

Telephone

Denomination

Pastors, please return this recommendation to: Christian Academy of the Smokies
1625 Old Newport Highway Sevierville, Tn 37862 or fax it to 865-245-4548