

Pastor's Recommendation

Kankakee Trinity Academy
 410 S. Small
 Kankakee, Illinois 60901
 (815)935-8080
 Fax-(815) 935-0280

To Be Completed By Parents

Enter the name and address of the student making application in the spaces provided below. Please request your Pastor to complete this form in its entirety and mail it directly to the school.

Student's Name: _____

Parent's Name: _____

Address: _____

City/State/Zip: _____

To Be Completed By Pastor

Dear Pastor:

We would be grateful if you would complete the following reference form for the above named student who is making application to Kankakee Trinity Academy. This form is helpful as we seek to determine if Kankakee Trinity Academy is the right educational environment for this student.

Kankakee Trinity Academy Board of Directors

1. How many years has this family attended your congregation? _____

2. How would you evaluate the family's involvement in the ministries of your congregation?

- ____ Regular and faithful
 ____ Fairly regular and faithful
 ____ Sporadic in attendance
 ____ Seldom attends/participates

3. Does the student indicate submission to the authority of parent(s)/guardian?

____ Yes ____ No ____ Sometimes

4. Does the family demonstrate respect for the authority of your local church and the Biblical principles you proclaim?

____ Generally yes ____ Somewhat ____ No

5. What evidence is there that the parent(s)/guardian and the student have a relationship with Christ?

Church Name:

Address:

City/State/Zip:

Phone #:

Pastor's Signature:

Thank you for your assistance with this reference. God bless you and your ministry!
Please mail this completed form to:

Kankakee Trinity Academy
ATTN: Records Department
410 S. Small
Kankakee, Illinois 60901

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