

**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:

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Phone #:

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Pastor's Signature:

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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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