



## Pastoral Recommendation

Christian A pastoral recommendation is not required for acceptance to Desert Springs Academy. If you cannot submit a pastoral recommendation, please attach an explanation to your application.

### To Be Completed by Parents

Complete the form below and give it to your pastor. Please request that your pastor complete this form in its entirety and mail it directly to the address above.

Student Name: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### To Be Completed by Pastor or Christian Leader

Dear Pastor,

We would be grateful if you would complete the following reference form for the student named above. A Pastoral recommendation is requested for all students making application to Desert Springs Christian Academy. Our admissions committee will use the form to determine whether Desert Springs Christian Academy is the right educational environment for this student. Thank you for your assistance in this matter.

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

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

\_\_\_\_\_ Regular and faithful

\_\_\_\_\_ Fairly regular and faithful

\_\_\_\_\_ Sporadic in attendance or participation

\_\_\_\_\_ Seldom , if ever, attends or 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 church and the Biblical principles you proclaim?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ Somewhat

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If student has professed faith in Jesus Christ as Savior, what evidence do you see of a developing relationship with Christ?

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7. Is there any other information regarding this family/student that you believe would be helpful to the admissions committee?

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Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Church Name \_\_\_\_\_

Church Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email (optional) \_\_\_\_\_

Thank you for your assistance with this reference. May God richly bless you and your ministry!

Please mail this completed form to:

**Desert Springs Christian Academy 210 S. Nevarez Las Cruces, NM 88001**