



# BC CHRISTIAN ACADEMY

CHRIST | COMPASSION | COMMUNITY

## Pastor's / Minister's Recommendation

*(Confidential)*

### Part 1

To be filled out by the Family: After you have filled out Part 1, please forward to your Pastor to complete.

Family Name: \_\_\_\_\_

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

Church Home: \_\_\_\_\_

Names of Children applying to BCCA:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

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### Part 2

To Be filled out by the Pastor: Please complete and mail directly to:

British Columbia Christian Academy, Admissions  
1019 Fernwood Avenue, Port Coquitlam, BC, V3B 5A8  
Or fax directly to (604) 945-6455

1) How long has the above family attended your Church? \_\_\_\_\_

2) Are they regular Attendees (At least 3 times per month?) Yes  No

3) Is the Family an active Member of your Church? Yes  No

Comments:

4) Have any Members of the Family held a Leadership position in your Church? Yes  No

5) If Yes, please explain:

6) Are the Children active in the Children's/Youth Programs of the Church? Yes  No

7) Do you consider the Children open to spiritual instruction? Yes  No

[bcchristianacademy.ca](http://bcchristianacademy.ca) | [office@bccaschool.ca](mailto:office@bccaschool.ca)

Elementary School Campus | 1019 Fernwood Ave. Port Coquitlam BC V3B 5A8 | 604.941.8426

High School Campus | 3000 Christmas Way Coquitlam BC V3C 2M2 | 778.819.4826



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8) What is your understanding of this Family's relationship to God?

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9) Are there any concerns that the School should know of which could either positively or negatively influence the decision of our Admissions Department?

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10) Do you recommend the Family for admissions to BCCA?

Yes  No

Comments:

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Pastor's / Minister's Signature: \_\_\_\_\_

Pastor's / Minister's Name: \_\_\_\_\_

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

Church Phone: \_\_\_\_\_ Church Fax: \_\_\_\_\_ Date: \_\_\_\_\_