



BC CHRISTIAN ACADEMY

CHRIST | COMMUNITY | COMPASSION

PASTOR'S / MINISTER'S RECOMMENDATION

(Confidential)

PART 1

To be completed by the family. Once this section is filled out, please forward the form to your pastor for completion.

Family Name:

Family Address:

Church Home:

Names of children applying to BCCA:

1.

3.

2.

4.

PART 2

To be filled out by the Pastor.

Please complete and email directly to: office@bccaschool.ca

1. How long has the above family attended your church?

2. Are They regular attendees (at least 3 times a month)?

☐ Yes

☐ No

3. Is the Family an active member of your church?

☐ Yes

☐ No

Comments:

4. Have any members of this family held a leadership position in your Church?

☐ Yes

☐ No

If Yes, please explain:

bcchristianacademy.ca | office@bccaschool.ca

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

Middle School Campus | 2329 Fremont Connector Port Coquitlam V3B 0M3 | 778.819.6620

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



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5. Are the children active in the Children's/Youth programs of the church?

☐ Yes

☐ No

If yes, please explain:

6. Do you consider the children open to spiritual instructions?

☐ Yes

☐ No

7. What is your understanding of this Family's relationship to God?

8. Are there any concerns that the school should know of which could either positively or negatively influence the decision of our Admission Department?

9. Do you recommend this family for admission to BCCA?

☐ Yes

☐ No

☐ With
Reservations
(please explain
below)

Comments:

Pastor's/Minister 's Signature

Pastor's/Minister's Name

Date: _____

Church Name:	
Church Phone:	

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