



**Pastoral Reference Form**  
**Tabernacle Baptist Academy**  
**2007-2008**

Parent or Guardian's Name \_\_\_\_\_

Student's Names \_\_\_\_\_

Dear Pastor,

Please provide your written recommendation regarding the family listed above. All information you provide is confidential.

Church \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web Site \_\_\_\_\_

Pastor's Name \_\_\_\_\_

1. Is this family active in your church?  
\_\_\_\_ Never \_\_\_\_ Seldom \_\_\_\_ Occasionally \_\_\_\_ Regularly
2. Does this family exhibit a desire to rear their children in accordance with God's Word?  
\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ insufficient knowledge to make an evaluation
3. Does this family present a lifestyle that would be a positive testimony for the Lord?  
\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ insufficient knowledge to make an evaluation
4. Are the children in this family responding well to the Biblical Authorities in their lives?  
\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ insufficient knowledge to make an evaluation

Please provide any additional comments that you feel would be helpful in our evaluation:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail to:  
Tabernacle Baptist Academy  
717 Whitehurst Landing Road  
Virginia Beach, VA 23464