

OZARKS CHRISTIAN ACADEMY
Equipping The Next Generation Of Disciples

Confidential Pastoral Reference

OCA thanks you for your reference. Thoughtful consideration will be given to your reference and comments. God bless you and your ministry.

Student's Name _____

Parent's Name _____

Do you know the family personally? _____ If yes, for how long? _____

Church Attendance

Please circle the appropriate worship attendance.

Father	Weekly	Monthly	Yearly
Mother	Weekly	Monthly	Yearly
Student	Weekly	Monthly	Yearly

Please circle the appropriate Sunday School/Small Group attendance.

Father	Weekly	Monthly	Yearly
Mother	Weekly	Monthly	Yearly
Student	Weekly	Monthly	Yearly

Please list all activities in which this family is involved. _____

Please list all leadership roles the parents have filled. _____

What have you observed about this family's Christian walk? _____

Based on my personal knowledge of this family, I

_____ Highly recommend them.

_____ Recommend them.

_____ Recommend them with reservations.

_____ Do not recommend them.

Signature _____

Printed Name _____

Official Title _____

Date _____

Phone Number _____

Church _____

**Please return to: Ozarks Christian Academy
P.O. Box 1620
West Plains, MO 65775**