Pastor's Recommendation **Dayspring Christian Academy**

_____ _____
Family Name Student Name(s)

The above named family has begun the process of enrolling their child(ren) in Dayspring Christian Academy. Since we consider church involvement an important factor in evaluating a family for admission, we appreciate your taking the time to respond to the following questions.

1. How long have you known this family?
_____less than one year _____2-5 Years _____5+ years _____other

2. Does this family:
____hold membership in your church ____attend regularly ____attend occasionally ____don't know

3. Do the children actively participate in your youth group services/activities?
_____Yes _____No _____Don't know

4. Is this family involved in any church activities other than worship services?
If so, please describe these activities:

5. DCA's mission is "Equipping the heart, soul, mind, and body of each student from a Biblical Perspective in partnership with the Christian home." In your opinion, could this family represent and support the mission of Dayspring? _____Yes _____No

6. Please add any comments you believe would help us to become better acquainted with this family.

Thank you for your assistance.

_____ _____/_____/_____
Pastor's Signature Date

_____ _____
Pastor's Name Name of Church

_____ _____
Phone Address of Church

_____ _____
Email City State Zip

Please return this form to Dayspring Christian Academy-Attn: Kelley Launer/Registrar
3734 W. 20th Street, Greeley, CO 80634-3429
(970) 584-2580-Registrar Direct (970) 330-1151-School's Main Line or fax to: (970) 330-0565
Or email to: klauner@dayspringeagles.org