



VERITAS ACADEMY
CLASSICAL ▼ CHRISTIAN ▼ COVENANTAL

Pastor Recommendation

Parents: Please complete Section I and then give this form to your pastor to complete Section II. If you are a member of a large church and do not believe that the senior pastor knows your family well, you may have this form completed by an elder or pastoral staff member.

SECTION I. TO BE COMPLETED BY A PARENT.

Name of Parent(s): _____ Date: _____

Names of Children Applying for Admission		Grade Entering	Names of Children Applying for Admission		Grade Entering
1.	_____	_____	3.	_____	_____
2.	_____	_____	4.	_____	_____

SECTION II. TO BE COMPLETED BY THE PASTOR AND SENT DIRECTLY TO THE SCHOOL.

Pastor's Name: _____ Phone Number: _____

Name of Church: _____ Pastor's Email: _____

Church Street Address: _____ City: _____ State: _____ Zip: _____

The above family is applying for admission of their child(ren) to Veritas Academy.

How long have you known this family? _____

How long has this family been attending your church? _____

Is this family a member in good standing of your church? _____

Does this family attend services regularly and serve faithfully in your church? _____

Please comment on this family's Christian life? _____

Do you recommend this family's child(ren) for enrollment in Veritas Academy? _____

Pastor's Name: _____ Title/Position: _____ Signature: _____

Please send this form directly to the school:

MAIL it to: PO Box 8332, Savannah, GA 31412

OR EMAIL it to: info@VeritasSav.org

OR FAX it to: (912) 234-0566

If you have any questions, please call 912-238-1222.

THANK YOU for completing this recommendation!

Veritas Academy does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and financial aid programs, and athletic and other school-administered programs.