



ROUND ROCK CHRISTIAN ACADEMY Pastor / Spiritual Leader Recommendation Form

Parents: Please complete this information and deliver to your child's pastor or spiritual leader.

Applicant's Name _____ Applying to Grade _____

I release the right to view this document and understand it will remain confidential between the person listed below and Round Rock Christian Academy.

Signature of Parent/Guardian _____ Date _____

This student is applying for admission to RRCA. Please complete this form and return it directly to the Admissions Office at RRCA as soon as possible. Please mail, fax, or scan and email the completed form to:

Round Rock Christian Academy Phone: 512-255-4491
 Attn: Student Registrar Fax: **512-255-6043**
 800 Westwood Drive admissions@rrca-tx.org
 Round Rock, TX 78681

Name of Pastor / Spiritual Leader _____ Name of Church _____

Relationship to student _____ How long have you known this applicant? _____

Signature of Pastor/Spiritual Leader: _____ Date: _____

Contact Info (optional*) _____

***If you would prefer that RRCA contact you regarding this student, provide your contact information above.**

Please indicate your ratings by number in the right hand column, or write N/A if you have insufficient evidence to give a rating. Feel free to add any additional comments below.

Criteria	4	3	2	1	Your Rating
Integrity	Exemplary	Good sense of honor	Usually honest	Questionable	
Respect for Authority	Always respectful	Usually respectful	Mildly resistant	Often resistant	
Shows Initiative	Always	Sometimes	Infrequently	Not usually	
Conduct	Exemplary	Very good	Good	Marginal	
Shows Leadership Qualities	Always	Usually	Sometimes	Infrequently	
Teamwork	Cooperates well with others	Usually works well with others	Tolerates group interaction	Prefers to work alone	
Spiritual Maturity	Exceptionally mature	Mature for age	Still developing	Not Evident	
Church Attendance	Every opportunity	More than once a week	Sunday only	Not every Sunday	

Additional Comments: