



**ROUND ROCK CHRISTIAN ACADEMY**  
**Pastor / Spiritual Leader Recommendation Form**

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**  
Attn: Student Registrar  
800 Westwood Drive  
Round Rock, TX 78681

Phone: 512-255-4491  
Fax: **512-255-6043**  
**admissions@rrca-tx.org**

**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.*

**Name of Student**

**Criteria**

**Integrity**

**Respect for Authority**

**Conduct**

**Shows Leadership Qualities**

**Teamwork**

**Spiritual Maturity Church**

**Attendance**

**Additional Comments:**