



Pastor Recommendation

SECTION I. TO BE COMPLETED BY A PARENT.

Family Name: _____

Address: _____

Names of Children Applying for Admission		Grade	Names of Children Applying for Admission		Grade
1.	_____	_____	4.	_____	_____
2.	_____	_____	5.	_____	_____
3.	_____	_____	6.	_____	_____

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

Pastor Name: _____ Phone Number: _____

Name of Church: _____ Email Address: _____

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

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

How long have you known this family? _____

How long has this family been attending your church? _____

Is this family a member of your church? _____

Please comment on this family's involvement in your church? _____

Please comment on this family's Christian life? _____

Do you recommend this family's child(ren) for enrollment in Paideia Academy, a classical and Christian school? _____

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

Please mail Recommendation Form to:
 Paideia Academy
 10825 Yarnell Road, Knoxville, TN 37932

OR You may FAX the form to: (865) 474-1476
 If you have any questions, please call 670-0440 or send an email to mhamilton@paideiaknoxville.org Mark Hamilton, Headmaster