

Community Christian Academy

4594 Columbia Road Martinez, GA
706.426.8881

Dear Pastor,

The _____ family is applying for admission to Community Christian Academy for their child, _____. A pastor's recommendation is required to complete their application. Please complete the following and return it to the family or you can mail or email it to the school at your earliest convenience. Thank you for your attention to this matter.

Pastor's name: _____

Church's name: _____

Church's phone number: _____

How long has the family attended your church? _____ Member? ___ Yes ___ No

How often do they attend? _____

Pastor's recommendation:

Date: _____

Pastor's Signature _____

Form may be emailed to Mrs. Hadden, CCA Registrar, at khadden@ccaugusta.com