



GATEWAY CHRISTIAN ACADEMY

"A Ministry of Gateway Church"

Certified and Accredited by: ILCS/FLOCS

Bishop Dr. Preston Williams II, Senior Pastor

"TRAINING AND DEVELOPING FOR EXCELLENCE"

CHURCH REFERENCE

STUDENT: _____ **GRADE:** _____

PARENTS: _____

ADDRESS: _____

_____ **Telephone:** (____) _____

CHURCH: _____

TO THE PASTOR:

This family is applying to enroll their child into Gateway Christian Academy, which is a part of the total educational ministry of Gateway Church. Gateway Christian Academy's mission is to partner with families in training and developing the whole child for excellence: spiritually, intellectually, physically, socially, and emotionally. In accordance with our admissions policy, please complete the following information to help us in making the right decision.

This information will be regarded in the strictest confidence in accordance with the Family Educational Rights and Privacy Act of 1974, as amended. It will be used solely for the purpose of making a decision for admission to Gateway Christian Academy.

I KNOW THE PARENTS: Very well Well Somewhat Not at all

CHRISTIAN COMMITMENT: Please verify parent(s) active and in good standing with your church.

Is his/her commitment: Outstanding Clearly evident Unknown?

With what frequency does this family/member attend your church?

Regularly Occasionally Never

PARENT/CHILD RELATIONSHIP: Would you describe the parent/child relationship as

Loving Strong Needs Strengthening

MY RECOMMENDATION REGARDING THIS FAMILY IS: _____

Name: _____ **Position** _____

Signature _____ **Church** _____

Address _____ **Telephone** (____) _____

RETURN TO:

Gateway Christian Academy
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E-mail: gca@gateway-ministries.org
Website: www.mygatewaychristianacademy.org