



GATEWAY CHRISTIAN ACADEMY

"A Ministry of Gateway Church"

Certified and Accredited by: ILCS/FLOCS

Bishop Dr. Preston Williams II, Senior Pastor

Dr. William Latson, Principal

"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

2130 NW 26th Street, Fort Lauderdale, FL 33311

Telephone: (954) 485 7012 Facsimile: (954) 485 6929

E-mail: gca@gateway-ministries.org

Website: www.mygatewaychristianacademy.org