

**Pastoral  
Questionnaire**



TRINITAS  
CLASSICAL ACADEMY

*\*If you do not have a church home at this time, fill out the top portion and turn in with your application.*

Parents: Please take this form to your pastor to be completed after you fill out the first section and have them send it directly to Trinitas Classical Academy. Thank you.

Name of Parents: \_\_\_\_\_ Family Address: \_\_\_\_\_  
\_\_\_\_\_

Name of student/s you are enrolling at Trinitas Classical Academy: \_\_\_\_\_

Name of Church: \_\_\_\_\_

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Pastor: The family above is applying for admission to Trinitas Classical Academy. It is our desire to work with you in evaluating this application. Please help us by answering the brief questions below to help us know this family's involvement in the body of Christ.

Pastor Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you know this family personally? \_\_\_\_\_

How long has this family been attending your church? \_\_\_\_\_

How often per month do they attend? \_\_\_\_\_

Are the members of this family actively involved in the program of your church?

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Based on your personal knowledge of this family, would you recommend them to us?

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Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit completed reference form to [tcahayward.com/admissions](http://tcahayward.com/admissions)  
or to 10557 Minnesota Ave. Hayward, WI*