



# PASTORAL REFERENCE

## STEP 1 – APPLY

Candies Creek Academy  
294 Old Eureka Road  
Charleston, TN 37310

423-790-5660 phone | 423-476-6607 fax  
[info@candiescreekacademy.com](mailto:info@candiescreekacademy.com)

### FAMILY INFORMATION

*To Be Completed by Family*

Family Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name(s) of child(ren) applying to Candies Creek Academy:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### CHURCH INVOLVEMENT

*To Be Completed by Pastor or Church Leader*

Dear Pastor,

The family above has applied for admission to our school. Please give your candid evaluation of the involvement of this family in your church. Thank you.

- How long have you known this family? \_\_\_\_\_
- Is anyone of this family members of your church?  Parent(s)  Child(ren)  All or  None
- How would you describe this family's church attendance?  Weekly/more  Bi-Weekly  Monthly/less
- Does the above family take an active role in the life of your church?  Yes or  No
- Have any members of the family held a leadership position in the church?  Yes or  No  
If yes, describe position: \_\_\_\_\_  
\_\_\_\_\_
- Is/Are the child(ren) active in the youth program of the church?  Yes or  No (over)

7. Do you consider the child(ren) open to spiritual instruction?  Yes or  No
8. Are there any areas positively or negatively which should be known by the school prior to enrollment?

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### VISION STATEMENT

Candies Creek Academy shall forge individuals who embrace their royal identity in Christ so they will fulfill their God-given purpose to glorify and proclaim His excellencies among the nations.

### MISSION STATEMENT

The Mission of Candies Creek Academy is to partner with parents to equip, model, and mobilize students to be effective disciples through Christ-centered education with academic excellence.

### RECOMMENDATION

1. Based on the vision, mission statement, and objectives do you recommend the above family and their student(s) for admission to Candies Creek Academy?  Yes or  No

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Printed Name of Pastor/Church Leader: \_\_\_\_\_

Signature of Pastor/Church Leader: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send to:** Candies Creek Academy, 290 Old Eureka Road, Charleston, TN 37310 or fax to 423-476-6607 or email to [info@candiescreekacademy.com](mailto:info@candiescreekacademy.com)