



JOHN PAUL THE GREAT
ACADEMY

PASTOR RECOMMENDATION FORM

Please return this form to:
John Paul the Great Academy
ATTN: Admissions Office
1522 Carmel Drive
Lafayette, La 70501

Phone: (337)-889-5345
Fax: (337)-889-5347
Email: aangelle@jpgacademy.org
Anna Angelle, Admissions Coordinator

Please fill out top portion and submit to your parish

Student Name(s): _____

Current School (if applicable): _____

Parent Name(s) : _____

The above family has requested admission to John Paul the Great Academy. As their pastor, please indicate, to the best of your knowledge, their activity in your parish. (Check all that apply)

- This family attends Mass most, if not all, weekends.
- This family is actively involved in at least one parish ministry
Name of Ministry (if known) _____
- I'm not sure. (Checking this box does not preclude this family from acceptance to JPG)

Please share with us anything else about the family you think we should consider during the Admissions process.

As Pastor of _____ parish, I do do not recommend the above family for admission to John Paul the Great Academy:

Pastor Name (in print)

Signature

Date