



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: [tschmid@jpgacademy.org](mailto:tschmid@jpgacademy.org)  
Taryn Schmid, Admissions Coordinator

**Please fill out top portion and submit to your parish**

Student Name(s): \_\_\_\_\_

Current School (if applicable): \_\_\_\_\_

Parent Name(s) : \_\_\_\_\_

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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