

Providence Christian Academy





Preparing Minds for Action, Lives for Service (1 Peter 1:13)

Family Application for Admission

STUDENT (One form for each applicant)		Start 1	Start Date:	
Name:				
Address:	First	M.I.	Nickname	
Student lives with: (check all that apply)		^{City} ardian □GrandParei		^{tip} er □Stepfather
Home Phone: Birthda	ay: Grant Month / Day / Year	rade applying for:	A	ge:
FATHER Name:				
Last	First	M.I.	Nickname	
Address:Street		City	State	Zip
E-Mail Address:		_Home Phone:		
Home Church:		_Cell Phone:		
Employer: P	osition:	_ Work Phone:		·
PCA Affiliation: □New to PCA	Former Student	Staff Member	□Forme	PCA Parent
Status: Married Divorced	d	□ Separated □ S	ingle	
Spouse:	First	Phone:		
MOTHER				
Name:	First	M.I.	Nickname	
Address:Street		City	State	Zip
E-Mail Address:		_Home Phone:		
Home Church:		Cell Phone:		
Employer:P	osition:	_ Work Phone:	·	
PCA Affiliation: □New to PCA	Former Student	☐Staff Member	□Former	PCA Parent
Status: Married Divorced	d □Widower	□ Separated □ S	ingle	
Spouse:	First	Phone:	-	

STUDENT EDUCATION					
List schools attended: Current School	Grada(s) Vaar(s)				
	_ Grade(s) rear(s)				
Complete Address & Phone Number					
Prior School	Grade(s) Year(s)				
Complete Address and Phone Number					
We grant permission for PCA to contact the above schools regarding this application. □Yes □No					
Has your child been in advanced or accelerated classes? Has your child ever received tutoring or been placed in a Has your child repeated a grade?	□Yes □No special class? □Yes □No □Yes □No				
Please explain any "Yes" answer:					
Has your child been suspended or removed from any school for misconduct? ☐ Yes ☐ No					
If yes, please explain and include date of incident:					
What is your child's attitude toward school and teachers?)				
Does your child have a history of a chronic physical concrequired – or may require – special attention at PCA?		nat has			
If yes, please explain and include copies of all reports: _					
Have you observed, or has school personnel reported, any	y of the following characteristics for your child?				
Distractible/Inattentive	☐Yes ☐No ☐Not Sure				
Disturbs other children/Aggressive	☐ Yes ☐ No ☐ Not Sure				
	☐ Yes ☐ No ☐ Not Sure				
• • • • • • • • • • • • • • • • • • • •	Yes No Not Sure				
• • • • • • • • • • • • • • • • • • • •	□Yes □No □Not Sure				
2 1	Yes No Not Sure				
Has difficulty with written expression	☐ Yes ☐ No ☐ Not Sure				
Please discuss positive characteristics, strengths and/or gifts you have observed in your child.					
					
	D.				
Signature:	Date				

Month / Day / Year

Parent / Guardian