



PROVIDENCE CHRISTIAN ACADEMY

Where Faith meets wisdom, and where each student's path is guided by care.

STUDENT APPLICATION

Date of Application: _____

Student Applying:

Full Name: _____ M/F _____ D.O.B. _____ Age _____

Social Security # _____ Date Entered _____

Home Address _____ City/State/Zip _____

Phone No. _____

Grade Applying For: K3 K4 K5 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Students must be 5 yrs. old for K5, or 6 yrs old for 1st Grade by September 1st.

Father's Information:

Name _____ Cell Number _____

Employer _____ Occupation _____

Permission to call work (circle one): Yes / No / Emergency Only Business Phone No. _____

Email _____ SSN# _____

Mother's Information:

Name _____ Cell Number _____

Employer _____ Occupation _____

Permission to call work (circle one): Yes / No / Emergency Only Business Phone No. _____

Email _____ SSN# _____

Guardian Information (if different from above):

Name _____ Relationship to Child _____ Cell Number _____

Employer _____ Occupation _____

Permission to call work (circle one): Yes / No / Emergency Only Business Phone No. _____

Email _____ SSN# _____

If the student does not live with both biological parents, please explain.

Name(s) and ages(s) of sibling(s)

Emergency Contact other than parents or legal guardians:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Other Information:

What church does your family attend? _____

Are you currently members? _____

Briefly describe what you consider "Christian education" to be: _____

What do you expect Providence Christian Academy to do for your child? _____

Medical Information:

List any known allergies: _____

Has this student been professionally evaluated for any special physical, mental, academic or emotional needs?

If yes please explain. _____

Does this student have physical, mental, or emotional problems which require special medication?

If yes, please give a brief explanation _____

List all medications presently taking: _____

Name of student's physician _____ Phone No. _____

Educational Information:

Name of the last school attended by student _____

Address _____ Phone _____

List two teachers who have recently worked with your child:

Teacher _____ Phone _____

Teacher _____ Phone _____

If the student has ever failed, been retained, suspended, or expelled, please list dates and reasons.

List the most important values or abilities that you hope your child will gain while at Providence.

How do you think parents should participate in the education of their children?

How did you hear about Providence Christian Academy? If referred by a Church, which one?

Briefly describe any special extracurricular interests, hobbies, talents, or aptitudes:

Does your child have an IEP or a diagnosis of Dyslexia? _____

(Please provide the diagnosis report or IEP with this application.)



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In completing this application, I/we understand that ...

- _____ 1. The following items must be attached to this form:
- A copy of the student's Birth Certificate.
 - A copy of the student's most recent report card.
 - Discipline report from previous schools student attended.
 - IEP/Dyslexia diagnosis report
- _____ 2. We must read the Parent-Student Handbook and agree to abide by its contents.
- _____ 3. We agree to follow the tuition payment policy as adopted by the Board and outlined in the attached to this application.
- _____ 4. We understand that Providence is a Christian school, and we agree to have our children taught in accordance with the principles as stated in the mission and vision which includes, but is not limited to, Bible classes for each year of attendance.
- _____ 5. In case of an emergency in which our emergency contacts are unavailable, we give the school permission to make any decisions necessary to protect the health of the student.
- _____ 6. Mississippi law requires an Immunization Certificate of Compliance (Form 121) showing that the student has complete immunization requirements. This form (obtained from a doctor or Health Department must be submitted before school begins if the student is not transferring from a Mississippi school.
- _____ 7. Providence Christian Academy may require anyone above the 5th grade to take drug or alcohol test.
- _____ 8. Late tuition payment may result in a late fee of \$50 and the temporary suspension of the student. Report cards and permanent records will not be released until all outstanding obligations to Providence Christian Academy have been met.

PLEASE INITIAL EACH LINE AND SIGN BELOW.

Parent/Guardian signature _____ Date _____

FOR OFFICE USE ONLY

Documents to be included with application:

- Official State Birth Certificate - copy
- Immunization record - copy
- Latest report card - copy
- Discipline Report
- IEP/Dyslexia Diagnosis