The Pentecostal Christian Academy

***Registration Application***

 *New Enrollment Grade to Enter School Year \_\_\_\_\_\_\_\_\_\_*

 *Re-enrollment*

|  |  |  |  |
| --- | --- | --- | --- |
| *Student’s Name (last)* | *First* | *Middle* | *SS#* |
| *Street* | *City* | *Zip* | *P O Box* |
| *Age* | *Birth Date* | *Physical defects* |  *Concerns* |
| *Father’s* | *Employer* | *Phone* | *ER Contact if parents cannot be reached:* *Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Ph \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *Mother’s Name* | *Employer* | *Phone* |
| *Student’s Grades have been* |  *Superior Above Avg Average Below Avg* | *Child’s Physician* *Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *Has student failed any grade?* |  *Yes No*  *if yes, What grade? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *Reason For Selecting This School* |  | *Church now attending* |
| *School Recommended by* |  | *Attend Sunday School* *Yes No* |

***STATEMENT OF COOPERATION***

*In making application for my child it is my desire to have him/her complete the school year \_\_\_\_\_\_\_\_. It is also my understanding that the policy of the school is to make no refunds on registration fees. I also give permission for my child to take part in all School activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. I will be supportive of the school and respect it policies. I will attend Parent/Teacher Meeting (PTM) as scheduled. If I am unable to attend for reason beyond my control, I will inform the Administration in advance. I will inform the school whenever my telephone # or address changes.*

*Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*