



Student Application

For Office Use Only: Data Based Entry _____	Registration fees paid: \$ _____	Testing fee paid: \$ _____
Date application was received _____	Tuition fee amount: \$ _____	Discount amount: \$ _____
Date of interview/entrance exam _____	Accepted into _____ grade(s)	
Notes _____	Start Date _____	

I. STUDENT INFORMATION

Student's Name _____
Last First Middle

Student's Preferred Name _____ Student's Age _____

Date of Birth _____ Male _____ Female _____

Social Security Number _____ - _____ - _____

Grade Applying For: _____ Year Applying For: _____

SIBLINGS:

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. PARENT/ GUARDIAN INFORMATION _____ Parent _____ Guardian

Father's/Guardian's Name _____
Last First Middle

Address _____
 _____ Zip Code _____

E-mail Address _____ Home Telephone _____

Mobile Telephone _____ Business Telephone _____

Employer _____ Occupation _____

Mother's Name _____
Last First Middle

Address _____
 _____ Zip Code _____

E-mail Address _____ Home Telephone _____

Mobile Telephone _____ Business Telephone _____

Employer _____ Occupation _____

Student lives with _____

III. STUDENT INFORMATION

List all schools attended including Kindergarten.

NAME OF SCHOOL CITY, STATE GRADES ATTENDED

Mailing address of most recent school _____

Has this student been retained in a grade? _____ If yes, which grade? _____

Give a brief explanation _____

If student is transferring, have previous educators expressed concern regarding attention, behavior, emotional, social or learning challenges? Has this student been suspended or asked to leave from a school? If yes please explain _____

Please describe the nature of any previous disciplinary problems _____

Have you or others been concerned for or has this student been evaluated for any 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 _____

For information only: name of the child's physician _____

Telephone number of physician office _____ Briefly describe any special extra-curricular interests, hobbies, talents, or aptitudes.

IV. OTHER DATA

Do you consider your home a Christian home? _____

What church do you attend? _____

Are you a member? _____

Which most accurately describes your church attendance?

_____ a. Active in the church _____ c. The children attend Sunday School

_____ b. Attend occasionally _____ d. Do not attend more than a few times a year

Explain briefly why you desire a Christian education for your child.

What are your expectations of Petra Christian Academy for your child?

How did you hear about Petra Christian Academy? _____

If you have other children of school age that you will not be enrolling at Petra Christian Academy, please give a brief explanation _____

Did you receive the Statement of Faith for Petra Christian Academy? _____

V. EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____

VI. TERMS AND CONDITIONS

- Petra Christian Academy admits students of any race, color, or national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students of the school. Petra Christian Academy does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational policies.
- Petra School is not staffed to handle students with severe learning disabilities.
- School policies are subject to change. Information on current policies will be made available at parent orientation meetings.
- Applicants agree to abide by all school policies, rules and regulations, including provisions for dress codes and discipline. Petra Christian Academy has full discretion in the discipline of students while at the school, including paddling.
- Applicants agree that their students will receive instruction in the Christian Faith and understand that the school will endeavor to be guided by a Christian worldview in all of its programs and activities.
- Petra Christian Academy provides priority enrollment for children of Morning Star Christian Church members, children of Petra Christian Academy graduates, and children with enrolled siblings. Space must be available, and the enrollment request must be exercised within the priority enrollment period. Information about priority enrollment may be obtained by contacting the Admissions Director.
- The school has policies designed to meet a reasonable standard of care for students who become ill or have an emergency situation at school. Parents are required to sign a

medical release form allowing emergency medical care to be obtained in the case parents cannot be reached. Parents understand the school is not an insurer of student health.

- The school’s Schedule of Charges provides information about financial terms and obligations. It is updated annually. Students are enrolled for the entire year and the parent or guardian is responsible for the annual tuition payment upon accepting enrollment. A non-refundable \$65.00 application fee must be submitted with this Student Application Form.

PARENT OR GUARDIAN AGREEMENT

I hereby certify that I have read this Student Application Form, including the Terms and Conditions Section. I do agree to comply with the terms and conditions stated therein and furthermore accept the conditions and requirements of all other official policies and procedures of Petra Christian Academy, including the payment of all fees and charges according to the published schedule of the school. This application cannot be processed until the application fee is paid in full and the application is signed by the parents or guardian of the applicant.

Parent/Guardian Signature _____ Date _____

Parent Signature _____ Date _____