

PHILADELPHIA CHRISTIAN ACADEMY

Eagles

ADMISSIONS PACKET 2018-2019

PLEASE SUBMIT THE FOLLOWING WITH APPLICATION.

APPLICATION IS COMPLETE WHEN THE FOLLOWING HAS BEEN RECEIVED.

- | | | |
|--------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> | NEW STUDENT | <input type="checkbox"/> |
| <input type="checkbox"/> | APPLICATION FEE | <input type="checkbox"/> |
| <input type="checkbox"/> | CURRICULUM FEES | <input type="checkbox"/> |
| <input type="checkbox"/> | FIRST MONTH TUITION | <input type="checkbox"/> |
| <input type="checkbox"/> | NEW STUDENT INTERVIEW & ASSESSMENT | <input type="checkbox"/> |
| <input type="checkbox"/> | COPY OF STUDENT'S BIRTH CERTIFICATE | <input type="checkbox"/> |
| <input type="checkbox"/> | COPY OF IMMUNIZATION RECORD | <input type="checkbox"/> |
| <input type="checkbox"/> | COPY OF SOCIAL SECURITY CARD | <input type="checkbox"/> |
| <input type="checkbox"/> | PREVIOUS SCHOOL RECORDS | <input type="checkbox"/> |
| <input type="checkbox"/> | PREVIOUS DISCIPLINE RECORDS | <input type="checkbox"/> |
| <input type="checkbox"/> | PASTOR'S RECOMMENDATION LETTER | <input type="checkbox"/> |

STUDENT(S) INFORMATION

DATE: _____

| STUDENTS FULL NAME | Gender | Social Security No. | Grade Applying | Date of Birth |
|--------------------|--------|---------------------|----------------|---------------|
| | | | | |

FAMILY INFORMATION

Name of Person Registering Student: _____

Student's Home Address: _____

Telephone _____ Email _____

Emergency Contact Name & Number _____

Father's Name _____ Mother's Name _____
Father's Cell _____ Mother's Cell _____
Father's Occupation _____ Mother's Occupation _____
Father's Work Number _____ Mother's Wok Number _____
Father's Place of Employment: _____
Mother's Place of Employment: _____

MARITAL STATUS: ____ MARRIED ____ SEPARATED ____ DIVORCED
ARE BOTH PARENTS ALLOWED TO PICK UP CHILD? ____ YES ____ NO
IS THERE A COURT ORDER IN PLACE? ____ YES ____ NO
IF YES, PLEASE PROVIDE A COPY OF THE COURT ORDER.

OTHER EMERGENCY CONTACT

NAME _____
PHONE _____
RELATION _____
ADDRESS _____

SPIRITUAL INFORMATION

ARE YOU A MEMBER OF PHILADELPHIA CHRISTIAN CHURCH ____ YES ____ NO
WHAT MINISTRY WITHIN THE CHURCH ARE YOU INVOLVED IN? _____

CHURCH HOME _____
PASTOR _____
CHURCH _____
ADDRESS _____
LENGTH OF _____
MEMBERSHIP _____

STUDENT INFORMATION

CHILD'S PREVIOUS
SCHOOL _____
HAS YOUR CHILD EVER FAILED _____
WHAT GRADE _____
HAS YOUR CHILD BEEN SUSPENDED ____ YES
NO ____ REASON _____
HAS YOUR CHILD BEEN EXPELLED FROM ANY SCHOOL _____ YES NO _____
REASON _____

DOES YOUR CHILD HAVE ANY LEARNING/HEALTH DISABILITIES _____ YES NO _____
IF YES,
EXPLAIN _____

HAS YOUR CHILD BEEN DIAGNOSED WITH ANY CONDITIONS? _____ YES NO _____
IF YES,
EXPLAIN _____

DOES YOUR CHILD TAKE DAILY MEDICATION? _____ YES NO _____
IF YES,
EXPLAIN _____ PHYSICIAN _____

APPROVED PERSONS

IN THE EVENT YOU CANNOT PICK UP YOUR CHILD, WHO DO YOU AUTHORIZE FOR PICK UP?

1. NAME _____ PHONE _____
2. NAME _____ PHONE _____
3. NAME _____ PHONE _____
4. NAME _____ PHONE _____

NOTE: THESE PERSONS ARE ALLOWED TO PICK UP THE STUDENT AT THE END OF THE SCHOOL DAY. IF YOU WANT THEM TO CHECK THEM OUT EARLIER, PLEASE SEND A HAND WRITTEN NOTE, A DAY PRIOR.

| |
|--|
| <p>FOR OFFICE:</p> <p>INTERVIEW DATE: _____</p> <p>INTERVIEW COMMENTS:</p> <p>_____</p> <p>_____</p> <p>ASSESSMENT SCORE: _____</p> <p>NOTES: _____</p> <p>_____</p> <p>ADMINISTRATOR SIGNATURE:</p> <p>_____</p> |
|--|

PCA EAGLES TUITION 2018-2019

Registration/Application Fees:

| DEADLINE | March 1 | April 1 | May 1 | June 1 or after |
|------------------|---------|---------|---------|-----------------|
| NEW STUDENT : | \$50.00 | \$65.00 | \$75.00 | \$85.00 |
| CURRENT STUDENT: | \$25.00 | \$35.00 | \$45.00 | \$55.00 |

Curriculum Fees:

Books in grades 1st on up are the property of Philadelphia Christian Academy and are to be returned at the end of the school year (or if the student transfers) in decent condition. If the books are lost or damaged, the student must pay a replacement fee. The below fees include locker fees, activity fees, book rental fees, paper/copier fees, and classroom supplies for certain grades.

| | |
|-----------|---|
| K3-K5: | \$350.00 (includes supplies <u>except</u> sleeping mat) |
| 1st-3rd: | \$350.00 (includes supplies <u>except</u> sleeping mat) |
| 4th-5th: | \$300.00 |
| 6th-8th: | \$300.00 |
| 9th-12th: | \$400.00 |

Tuition Fees:

10 month plan: \$300.00 per student

**Discount applies after 3rd child (20%)*

Note:

Yearbook and Graduation fees are billed separately.

All tuition and fees **must** be paid by May 1st or students will not take final exams and report cards will be held until balance is cleared.

All Registration and Curriculum Fees **must** be paid by the first day of School for student to begin in the school year. **These fees must be paid in full for official student enrollment.**

ALL FEES ARE NON-REFUNDABLE.

PLEASE NOTE:

**** MULTIPLE STUDENT DISCOUNT:**

DISCOUNTS APPLY AFTER THE 3RD CHILD (please contact office for details)

**** 2 1/2 and 3yr. olds must be Fully Potty Trained and turn 3yrs. old by September 1, 2018.**

Students in 7th Grades on up, must meet with administrator for interview before accepted.

Financial Commitment Form

“But whoso keepeth his word, in him verily is the love of God perfected: hereby know we that we are in him.” 1 John 2:5

Please put your initials on the applicable lines to indicate agreement.

_____ We as a family are committed to faithfully paying our child(ren) tuition on time and for the entire duration of the school year.

_____ We do understand that tuition is due on the **5th of every month**, and is **late after the 6th day**.

_____ We agree to pay the tuition **late penalty of \$30**, if tuition is paid after the 6th day of each month.

_____ We acknowledge if the 5th falls on a weekend or holiday, tuition is due **before** the holiday, no exceptions.

_____ We do understand and agree that if my child is expelled or suspended from school due to his/her own behavior, the tuition for the remainder of the year still is due.

_____ We agree that enrollment in PCA is a year-long attendance commitment.

_____ Date

_____ Parent/Guardian

_____ Telephone Number

_____ Address

_____ Email

_____ Other Contact Person/Name& Number

_____ PCA Personnel signature (acknowledge that form has been reviewed and understood by parent/guardian)

MEDICAL INFORMATION

It is mandatory that students who show symptoms of communicable disease be excluded from classes until readmission is acceptable to the school administration.

Father's Health _____ If deceased, cause _____
 Mother's Health _____ If deceased, cause _____

PAST ILLNESSES - (Please check the following if applicable.)

| | | | |
|--|--|---|--|
| Mumps <input type="checkbox"/> | Measles <input type="checkbox"/> | Gonorrhea <input type="checkbox"/> | Polio <input type="checkbox"/> |
| Asthma <input type="checkbox"/> | Hay Fever <input type="checkbox"/> | Whooping Cough <input type="checkbox"/> | Convulsions <input type="checkbox"/> |
| Scarlet Fever <input type="checkbox"/> | Rheumatic Fever <input type="checkbox"/> | Diphtheria <input type="checkbox"/> | Diabetes <input type="checkbox"/> |
| Pneumonia <input type="checkbox"/> | Syphilis <input type="checkbox"/> | Chicken Pox <input type="checkbox"/> | Heart Disease <input type="checkbox"/> |
| Discharging Ears <input type="checkbox"/> | | | |

RECENT ILLNESSES/ DISABILITIES - (Please check the following if applicable.)

| | | |
|--|--|---|
| 4 or more colds yearly <input type="checkbox"/> | Dizziness <input type="checkbox"/> | Hernia (rupture) <input type="checkbox"/> |
| Fainting spells <input type="checkbox"/> | Frequent Headaches <input type="checkbox"/> | Ringworm <input type="checkbox"/> |
| Hearing difficulty <input type="checkbox"/> | Persistent cough <input type="checkbox"/> | Allergies <input type="checkbox"/> |
| Frequent sore throat <input type="checkbox"/> | Speech difficulty <input type="checkbox"/> | Nose bleeding <input type="checkbox"/> |
| Abdominal pains <input type="checkbox"/> | Crippling conditions <input type="checkbox"/> | |
| Dental defects <input type="checkbox"/> | Hearing difficulty <input type="checkbox"/> | |
| Poor vision <input type="checkbox"/> | Tires easily <input type="checkbox"/> | |
| Frequent urination <input type="checkbox"/> | Breath shortness <input type="checkbox"/> | |

PLEASE INDICATE IF YOUR CHILD HAS BEEN DIAGNOSED WITH ANY MENTAL ILLNESSES.

| | |
|--|---|
| ADHD <input type="checkbox"/> | EATING DISORDER <input type="checkbox"/> |
| ADD <input type="checkbox"/> | LEARNING DISORDER <input type="checkbox"/> |
| ANXIETY DISORDERS <input type="checkbox"/> | COMMUNICATION DISORDER <input type="checkbox"/> |
| MOOD DISORDERS <input type="checkbox"/> | TIC <input type="checkbox"/> |
| DISRUPTIVE BEHAVIOR DISORDER <input type="checkbox"/> | OTHER(PLEASE EXPLAIN) <input type="checkbox"/> |
| PERVASIVE BEHAVIOR DISORDER <input type="checkbox"/> | |

EXPLANATION: _____

PHYSICIAN NAME AND PHONE NUMBER:

Date: _____ Signature of Parent: _____

DISCIPLINE CONSENT FORM

We, _____ (parent's name), as the
parents or legal guardian of _____ (student's
name) do authorize Philadelphia Christian Academy to use the rod of correction on my child as
listed in the schools handbook.

Father

Mother

Date

Date

PASTORAL RECOMMENDATION

Dear Pastor,

Philadelphia Christian Academy requires that every student and his/her family attend a bible believing church.

We ask that you would inform us if the _____ (Family Name) are faithful members of the congregation that you lead.

We appreciate the time taken to answer these questions. Thank you.

Under Christ,

Philadelphia Christian Academy

Pastor:

Is this family faithful in attendance to your local church?

Do you see Christian Fruit in the family's life?

What is the length of time this family have been attending your church?

Is this family currently seeking membership at your church?

Is this family in harmony with the leadership of your church?

Can you recommend this family as a member of Philadelphia Christian Academy?

Pastor's Signature _____

Name/Address of Church _____

Phone Number _____ Website _____

REQUEST FOR RECORDS FORM

DATE: _____

Please send the official school records for:

STUDENT LEGAL NAME: _____, _____

GRADE: _____ DATE OF BIRTH: _____/_____/_____ GENDER:
____ M ____ F

(Most recent grade) (Month) (Day) (Year)

Records are requested from:

PREVIOUS SCHOOL: _____

ADDRESS: _____

CITY: _____, STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

Please include:

- Transcript or cumulative folder (date of birth, name of parents/guardians, address, dates of attendance, days absent, courses taken, grades obtained, rank in class, over-all grade average, and standardized test scores).
- Grades at the time of withdrawal.
- Health records, including immunizations records and athletic physicals.
- Special education records, including current IEP, assessment reports, and verification of handicap.
- Discipline records – In accordance with Federal and State Statues, a district that transmits a student's educational records to another school district to which the student is transferring must include in the transmitted records information about disciplinary action taken in the form of suspension and expulsion and any disposition order which adjudicates the student as delinquent for committing an illegal act on school property and certain other illegal acts.

Please forward these records by:

To: Philadelphia Christian Academy
201 W. Pine Street
Lafayette, LA. 70501
Phone: (337) 281-3682
Fax: (337) 237-9507

***Records request is authorized by:**

(Printed Name of Parent/Legal Guardian)

(Signature of Parent/Legal Guardian)

Signature of Philadelphia Christian Academy Personnel

