

FOR OFFICE USE ONLY

Entered in Computer ____

Class Assigned _____

Schedule:

M Tu W Th F

½ day full day

Aftercare Until:

Parkridge Christian Academy admits students of any race, color, national, and ethnic origin to all rights, privileges, programs and activities generally afforded or made available to students at the school. The school does not discriminate on the bases of race, color, or national ethnic origin in administration of its educational policies, admissions policies, and other school administered programs.

Student Application

Revised 1/17



Student Data:

Present Date: _____

Starting Date: _____

Child's legal name: _____

Name child will use in school: _____ Male ___ Female ___

Child's permanent address: _____

City _____ Zip code _____ Contact phone: _____

Birth date: ____/____/____

Child's ethnicity _____

Password for phone authorization _____

Parent Data:

Natural father Stepfather Guardian Other

Natural mother Stepmother Guardian Other

Name: _____

Name: _____

Birth date: _____

Birth date: _____

Address: _____

Address: _____

City: _____ Zip _____

City: _____ Zip _____

Home phone: _____

Home phone: _____

Cell phone: _____

Cell phone: _____

Business phone: _____

Business phone: _____

Business name: _____

Business name: _____

Occupation: _____

Occupation: _____

E-mail address _____

E-mail address _____

Parents' marital status: _____ Number of children in family: _____
What is the primary language spoken in the home? _____

Is either parent (or guardian) forbidden by court order from having equal access to the student or to the student's records?

Checklist of required forms:

- 1) _____ #1 Child Enrollment Information
- 2) _____ HRS form 3040 (Health Check up and Tuberculin)
- 3) _____ HRS form 380 (Immunization records)
- 4) _____ Documentation of child's date of birth
- 5) _____ Signed Swim Central Form

Emergency Information:

Name of child's physician: _____ Phone: _____
Address: _____
Medical insurance carrier: _____ Policy Number: _____

Person authorized to act for parents in emergency (relative, friend, and/or neighbor):

1st choice

Name: _____
Home Phone: _____ Business phone: _____ Cell Phone: _____
Address: _____ Relationship: _____

2nd choice

Name: _____
Home Phone: _____ Business phone: _____ Cell Phone: _____
Address: _____ Relationship: _____

Person(s) authorized to pick up your child (relative, friend, and/or nanny)

Name: _____
Home Phone: _____ Business phone: _____ Cell Phone: _____
Address: _____ Relationship: _____

Name: _____
Home Phone: _____ Business phone: _____ Cell Phone: _____
Address: _____ Relationship: _____

Name: _____
Home Phone: _____ Business phone: _____ Cell Phone: _____
Address: _____ Relationship: _____

Medical History of Child:

___Measles ___Mumps ___Chicken pox ___Whooping cough ___Flu
___Meningitis ___Convulsions

Allergies (foods, etc.) _____
(Physician documentation of all allergies required)

Any evidence of hearing loss or difficulties? ___Yes ___No If yes, explain _____

Any evidence of vision difficulties? ___Yes ___No If yes, explain _____

Speech disabilities? ___Yes ___No If yes, explain _____

Hospitalizations? ___Yes ___No If yes, explain _____

Operations? ___Yes ___No If yes, explain _____

Other illnesses? ___Yes ___No If yes, explain _____

Does your child have any physical handicaps? _____

Does your child have any special needs that may affect his school work? _____

If yes, please explain _____

Has your child ever been tested or recommended for testing? _____

If yes, please explain _____

**Failure to disclose students' special needs (physical, emotional, or academic) can result in immediate dismissal with no refund for prepaid services.*

***Parkridge's preschool program is not specifically designed to accommodate special needs students; however, the preschool staff will make every effort to provide modifications to meet the needs of all students.*

****Special needs students will be evaluated periodically to determine if the facility and the environment continually meets the needs of the student.*

Family Information:

Does your family attend church? No ___ Yes ___ (please fill out the information below if applicable)

Name: _____ Denomination: _____
Address: _____
Pastor: _____ Phone: _____

Is the father a member? ___Yes ___ No

Is the mother a member? ___Yes ___ No

Does the family attend church regularly? ___Yes ___ No

Do the children attend Bible Study regularly? ___Yes ___ No

Why do you want your child to attend a Christian school? _____

School student last attended (school's address): _____

Where did you receive information about Parkridge Christian Academy? _____

In case the school should need further information on your family, who may the school contact as references?

Name: _____ Phone: _____

Name: _____ Phone: _____

Please initial to indicate your support in these areas:

- _____ Are you willing for your child to receive training in the Bible and the doctrines of the Parkridge Church and will you support the school in its endeavors to encourage and to guide your child in applying those teachings to his/her life?
- _____ Will you assume the responsibility for your child's preschool education by keeping in regular contact with your child's teachers?
- _____ If the preschool administration makes a recommendation for your child to have a professional developmental or behavioral evaluation, will you assume the responsibility to follow through using either a private or a public service and report the results to the administration.
- _____ Are you willing to support, to the best of your ability, the various activities of your child's school?
- _____ Are you willing to support the school and its policies concerning safety, health, and behavior standards as outlined in the parent handbook?

Parkridge Christian Academy

Our vision is to provide our students with a biblical worldview while striving for academic excellence, inspiring both the students and their families to be more like Jesus