



PALISADES CHRISTIAN ACADEMY

For Office Use:  
Date received: \_\_\_\_\_  
Deposit: \_\_\_\_\_

### New Student Application Form

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle Month/Day/Year

Place of Birth: \_\_\_\_\_

*Note: Please supply a copy of student's birth certificate for your student's school file. Thank you!*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_; Student resides primarily with: Both parents \_\_\_ Father \_\_\_ Mother \_\_\_  
Stepmother \_\_\_ Stepfather \_\_\_ Grandparents \_\_\_ Guardian \_\_\_\_\_

Current School: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How many years has student attended current school? \_\_\_\_\_

If less than a year, please list prior school(s), with City and State: \_\_\_\_\_

Ethnicity: Please check one: Asian or Pacific Islander \_\_\_; Black or African-American \_\_\_;  
Hispanic, Chicano or Latino \_\_\_; American Indian/Alaskan Eskimo \_\_\_; White/Caucasian \_\_\_;

Church Membership: \_\_\_\_\_ Church Currently attending: \_\_\_\_\_

Is student baptized? Yes \_\_\_ No \_\_\_ Date of Baptism: \_\_\_\_\_

#### EMERGENCY SITUATIONS:

In case of emergency, parents will be contacted first. But, if parents are not able to be reached, we would like some alternate contact people and phone numbers on file.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

Date of last physical: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

*I authorize emergency treatment of my student by the physician named above or by the staff of any hospital emergency room. Yes \_\_\_ No \_\_\_*

**FATHER'S INFORMATION:**

Father's Name: \_\_\_\_\_ Alumnus of PCA/SJA: Yes \_\_\_ No \_\_\_  
*Last First*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(If different than your student)*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Church Membership: \_\_\_\_\_ Church Currently Attending: \_\_\_\_\_

Would you like to receive school mailings (grades, newsletters, etc.) \_\_\_\_\_  
There may be instances when we may need to call you at work. May we call you? \_\_\_\_\_

I give permission for PCA to share my \_\_\_\_\_ phone number and \_\_\_\_\_ email address with our school family in the school directory.

**MOTHER'S INFORMATION:**

Mother's Name: \_\_\_\_\_ Alumnus of PCA/SJA: Yes \_\_\_ No \_\_\_  
*Last First*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(If different than your student)*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Church Membership: \_\_\_\_\_ Church Currently Attending: \_\_\_\_\_

Would you like to receive school mailings (grades, newsletters, etc.) \_\_\_\_\_  
There may be instances when we may need to call you at work. May we call you? \_\_\_\_\_

I give permission for PCA to share my \_\_\_\_\_ phone number and \_\_\_\_\_ email address with our school family in the school directory.

Please list other children in the family: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**RIDE & RELEASE PERMISSION**

My child, \_\_\_\_\_, has permission to ride in privately owned vehicles with the following individuals. I also authorize Palisades Christian Academy to allow my student to leave the school grounds with these persons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this permission remains in effect as long as my child is enrolled at Palisades Christian Academy. If I want to add or subtract individuals to this list, I will do so in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent/Legal Guardian*

**P. I. E. – Parents Involved in Education:**

Palisades Christian Academy has been in existence for over 75 years due to the support and dedication of constituents, parents, teachers, and friends in the community. Our school is dependent upon each family's participation and assistance. Each family is asked to please give of their time for a minimum of 30 hours per school year. Parents, grandparents, or an adult relative of the family can complete a family's hours.

I understand the P.I. E. Policy and agree to do my share to help PCA.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Parent/Legal Guardian*

**GENERAL INFORMATION:**

How did you become acquainted with PCA? \_\_\_\_\_  
\_\_\_\_\_

Has your child been involved in any of the following? Special Education \_\_\_; Speech Therapy \_\_\_; Counseling \_\_\_; Remedial Reading/Math \_\_\_; Tested by a school psychologist \_\_\_;

Please explain any special needs or concerns you have about your child and his/her education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_