



# Parsons Christian Academy

## NEW STUDENT RESERVATION FORM

### 2018-2019 School Year

Families must submit a reservation form for each child and a fee of \$100.00 per student with a maximum of \$200.00 per family to reserve placement for the 2018-2019 school year. **This fee is non refundable and is due when reservation form is received in office.** Reservation forms submitted prior to March 1, 2018, will receive a \$50.00 discount towards the registration fee of one child or \$100.00 discount for two or more children. **Families must fill out a reservation for each child.** As a reminder, Visa/MC/and Discover are accepted as well as cash/check.

Student's Name: \_\_\_\_\_ Upcoming Grade: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_  
Male/Female(circle one)                      SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Student Background

Please list all schools previously attended along with year(s) attended:

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_

Has student ever been suspended from a school? No \_\_\_ Yes \_\_\_  
If so, which school? \_\_\_\_\_

Has student ever been expelled from a school? No \_\_\_ Yes \_\_\_  
If so, which school? \_\_\_\_\_

Do you currently carry a balance in tuition from any previous school? No \_\_\_ Yes \_\_\_  
If so, which school? \_\_\_\_\_

Does your child take any regular medications? No \_\_\_ Yes \_\_\_  
If so, please list medications: \_\_\_\_\_

Is your child currently receiving a state funded scholarship? No \_\_\_ Yes \_\_\_  
If so, please list which scholarship: \_\_\_\_\_

How did you hear about Parsons Christian Academy?  
\_\_\_\_\_

**Additional Information**

Please Print

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Occupation: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Phone(*other*): \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Email: \_\_\_\_\_      Driver's License#: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Home Address(*if different*): \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Occupation: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Phone(*other*): \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Email: \_\_\_\_\_      Driver's License#: \_\_\_\_\_

*I acknowledge that this reservation form alone does not guarantee placement for the following school year. I am aware that all new students will be tested and a family interview may be conducted prior to admission.*

Signature of Parent: \_\_\_\_\_      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Office use Only*

Received By: \_\_\_\_\_      Amnt. Paid: \_\_\_\_\_  
Date of Receipt: \_\_\_\_ / \_\_\_\_ / \_\_\_\_