



Parsons Christian Academy
NEW STUDENT APPLICATION FOR ADMISSION
2023-2024 School Year

Please Attach the Following:

- A recent picture
- Copy of Birth Certificate
- Copy of Child's Social Security Card
- Original Health & Immunization Records

For Office Use Only:

Fees Paid _____
Transcript Request _____
Acceptance _____

Student Information

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ Zip Code: _____

Phone: ____-____-____ DOB: ____/____/____ SSN: ____-____-____

Male/Female(*circle one*) Primary Ethnicity: _____

Grade Applying for(*circle one*): k4 k5 1 2 3 4 5 6 7 8 9 10 11 12

Please list names and grades of any siblings who are/will be attending PCA:

Who has legal custody of the student? Both Parents Father Mother Other

With whom does the student live? Both Parents Father/Stepmother Mother/Stepfather
 Father Only Mother Only Other: _____

Legal court documentation valid in Florida must be submitted with this paperwork if either parent is NOT allowed to have contact with the child.

Medical Information

Please list any and all disabilities, limitations, medications and/or allergies:

Child's Physician: _____ Phone: ____-____-____ Hospital: _____

Health Insurance Provider: _____ Policy Number: _____

Parsons Christian Academy does not discriminate in student admissions on the basis of race, color, national or ethnic origin. As a private institution, the school reserves the privilege of setting and maintaining its own standards for student scholarship, conduct, dress, and appearance and maintains the right to deny admission to any student who fails to meet the basic admission requirements.

Father/Guardian Information

Last Name: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN: ____ - ____ - ____ Home Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Email Address: _____

Spouse's name if other than student's Mother: _____

Employer: _____ Work Phone: ____ - ____ - ____

Are you interested in volunteering? No ____ Yes ____

Mother/Guardian Information

Last Name: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN: ____ - ____ - ____ Home Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Email Address: _____

Spouse's name if other than student's Father: _____

Employer: _____ Work Phone: ____ - ____ - ____

Are you interested in volunteering? No ____ Yes ____

Does your family attend church? No ____ Yes ____

If so, where?: _____

Emergency/Pick-up Information

Please list at least TWO adults (friends, relatives, neighbors) that are authorized to remove your child from campus and mark those that should be used as an emergency contact if parents are unavailable.

1. Name: _____ Relationship to child: _____

Emergency Contact? No ___ Yes ___ If yes, provide phone #: _____ - _____ - _____

2. Name: _____ Relationship to child: _____

Emergency Contact? No ___ Yes ___ If yes, provide phone #: _____ - _____ - _____

3. Name: _____ Relationship to child: _____

Emergency Contact? No ___ Yes ___ If yes, provide phone #: _____ - _____ - _____

4. Name: _____ Relationship to child: _____

Emergency Contact? No ___ Yes ___ If yes, provide phone #: _____ - _____ - _____

5. Name: _____ Relationship to child: _____

Emergency Contact? No ___ Yes ___ If yes, provide phone #: _____ - _____ - _____

Student's School History

Last school attended: _____ Phone: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Was student previously enrolled at PCA? No ___ Yes ___

If no, reason for withdrawal from previous school: _____

Grade(s) attended at PCA: k4 k5 1 2 3 4 5 6 7 8 9 10 11

Why do you want your child to attend PCA? _____

Has student ever repeated a grade? No ___ Yes ___ Skipped a grade? No ___ Yes ___

Home Schooled? No ___ Yes ___

Explain: _____

Has student ever been expelled or suspended? No ___ Yes ___ Why? _____

Has the student had any type of special testing (Gifted, Learning Disability, ADD, ADHD, Dyslexia, ETC.)?

No ___ Yes ___ If yes, please describe, and include a copy of the latest evaluation report.

Does the family have outstanding debts with other schools? No ___ Yes ___, Where? _____

Does child have a state funded scholarship to apply towards tuition? No ___ Yes ___ If yes, please list:

2023-2024 AGREEMENTS AND WAIVERS

Please read carefully before signing!

Privacy Statement

I understand that all information collected within this application is solely for use at Parsons Christian Academy and that PCA will not share or release this information in any form without the sole written release of the parent/guardian or the students once graduated.

Statement of Cooperation

In making application for my child it is my desire to have him/her complete the 2023-2024 school year. I also give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from any liability to me or my child because of any injury to me or my child at school or during any school activity.

Medical Treatment Release

In case of accident or serious injury, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician named in the student's medical information of this application and to follow their instructions. If it is impossible to contact the physician, the school may make whatever arrangements necessary and I will not hold the school financially liable for my child's care.

Financial Agreement

I understand that the Registration fee is required for my child's enrollment in Parsons Christian Academy and is nonrefundable. I agree to pay the tuition for my child and that tuition is charged on an annual basis and can be paid in full or through 10 monthly installments. I also understand that should my account become delinquent, my child's enrollment may be terminated until the account is made current and the account will incur late charges.

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Parent/Guardian Signature

2023-2024 IMMUNIZATION & HEALTH RECORD

Florida law requires that we must have on file, up-to-date Health and Immunization records signed by a licensed Florida physician showing current information of each child registered. Your physician has a supply of the Florida Department of Health medical forms.

A. Physical (Health) Examinations

The following students are required by Florida law to have a new physical examination:

1. All students transferring from another state or country.
2. All students entering school for the first time. The physical examination must have been completed within 12 months prior to entering school.
3. All students participating in organized sports (not PE, but team sports) must have an FHSAA sports physical after June 1 of the year of participation.

B. Immunization

Florida law 232.032 requires that all students must provide the school with evidence that they have been immunized. It is important that specific dates be listed for each immunization. The following immunizations must be completed for all students:

1. 5 DPT (Diphtheria, Pertussis, Tetanus)
2. 4 Polio (IPV/OPV)
3. 2 MMR (Measles, Mumps, Rubella)
4. 3 Hepatitis B Vaccines
5. Varicella (chicken pox) Vaccine
Grades K4, 3rd-9th required to have one dose
Grades K5-2nd required to have a 2nd dose
6. HIB: Haemophilus influenzae type b- Required for all K4 and K5 children
7. Tetanus-Diphtheria Booster must be on record for all students in grades 7-12

C. School Requirements

The above listed immunizations and physical examinations are required before a student may begin school.