



# Parsons Christian Academy

## NEW STUDENT RESERVATION FORM

### 2023-2024 School Year

Families must submit a reservation form for each child and a fee of \$150.00 per student with a maximum of \$250.00 per family to reserve placement for the 2023-2024 school year. **This fee is non refundable and is due when reservation form is received in office.** Reservation forms submitted prior to March 1, 2023, will receive a \$75.00 discount towards the registration fee of one child or \$125.00 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 you 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?  
\_\_\_\_\_

Does your family attend church? No \_\_\_\_ Yes \_\_\_\_  
If so, where?: \_\_\_\_\_

**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_