

Park Avenue Christian School Admissions Application

Student Information

Student Name: _____
Last First Middle
Birth date: ___/___/___ SS#: _____ Last grade _____ Age _____

Family Information

Father: _____ SS #: _____

Address: _____ Phone: _____

City, Zip

Place of Employment: _____ Phone: _____

Mother: _____ SS #: _____

Address: _____ Phone: _____

City, Zip

Place of Employment: _____ Phone: _____

Cell Phones: _____

Father

Mother

Emergency

Do the cell phones have texting? Father Yes No Mother Yes No

E-mail addresses: _____

Emergency Contact & Number: _____

How did you hear about Park Avenue Christian School? _____

Reason for choosing Park Avenue Christian School?: _____

How long do you intend to have your child attend Park Avenue Christian School? _____

Do you expect that your child will attend college? _____

Academic Information

To better serve the needs of your child, please be candid when answering the following questions:

School last attended: _____

Reason for leaving: _____

What are your child's academic strengths? _____

What are your child's academic weaknesses? _____

Has your child ever received any special academic help, such as tutoring or modifications? Yes No

If yes, why? _____

Has your child ever repeated a grade? If so, which grade and why? _____

Does your child experience any learning disabilities or difficulties? If yes, please explain. _____

Has your child been tested for this difficulty? yes no

Student Character

Has your child ever used alcohol, tobacco or misused nonprescription drugs of any kind? yes no

If yes, please explain. _____

Has your child ever been suspended or expelled from a school? yes no If yes, please explain. _____

Does your child have a juvenile or arrest record? yes no If yes, please explain. _____

Medical Information

Family Physician & Phone number: _____

Hospital preference: _____

Has your child ever been diagnosed with any behavioral or developmental disorder: ADD, ADHD, ODD, HD, Dyslexia, autism, eating disorder, self-harm, other. If yes, please list and provide a copy of the doctor's diagnosis. _____

Is your child taking any prescription medications? If yes, please list them and include any possible side effects. _____

Has your child been seen for any type of social or behavioral problem? If yes, please explain. _____

If relevant, please provide an action plan from your medical professional indicating what specific steps should or should not be taken in dealing with your child in the school setting in order that we may work with your child most effectively.

Does your child have any physical limitations that would limit him/her on recess or during Physical Education classes that we need to know about, i.e. asthma, irregular heart beat, etc., Please provide a note from the child's physician outlining acceptable forms of exercise and limitations.

General Information

What is your child's: favorite color _____ food? _____ subject? _____

hobby? _____ Sport/Activity? _____

Do you have a pet? _____

What can you tell us about your child that will help us to better work with and reach your child?

Please list your top three expectations that you hope to see accomplished by having your child attend Park Avenue Christian School. _____

This application must be filled in completely before it can be processed. Also return the other attached paperwork. Please give the Pastor's Recommendation to your Pastor as quickly as possible. Please have your child's records from their last school sent including discipline record and IEP if one is available. An interview with the parents and student is required before final acceptance. Each student is accepted with a 9 week probation period during which time a child can be dismissed without reservation. After each quarter for K-7 grade or semester for 8-12 grade has begun, students are required to complete the quarter/semester. Transfers out of PACS will not be accepted except at the discretion of the Principal. Tuition charges will apply till the end of the quarter/semester regardless of when your child is removed from school.

Park Avenue Christian School has a racial nondiscriminatory policy and, therefore, does not discriminate against members, applicants, students, and others on the basis of race, color or national or ethnic origin.

" I appreciate the standards of Park Avenue Christian School and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize Park Avenue Christian School to employ discipline it deems wise and expedient for the training of my student."

" I understand that this application does not constitute a contract for enrollment until formally accepted by the school administration and that the school reserves the right to dismiss any student who, in the administration's sole discretion, has failed to comply with the established regulations and discipline or whose financial obligation remains unpaid. In the event this account should become past due, I agree to pay any and/or all late fees, collection fees, arbitration, attorney and/or court costs. I understand that no academic, discipline or health records will be transferred or released until my financial obligations have been met in full."

" I hereby certify that the information I have provided on this application is true and complete. I authorize Park Avenue Christian School to verify the information I have provided on this application by contacting the references, churches, schools and medical professionals I have listed or by other means, including contacting others whom I have not listed. I authorize the references listed in this application to give the school whatever information they may have regarding my character and the character of my child for attendance at Park Avenue Christian School. Furthermore, I waive any rights I may have to confidentiality and agree that if I have failed to disclose information, it is grounds for immediate expulsion."

Father

Mother

Date

Date

**Park Avenue Christian School
Pastor's Recommendation**

Family Section:

To be completed by the family. Once the family section is complete, please give this to your pastor or spiritual leader (this may be a Sunday School teacher or Bible Study leader, etc.) to complete and mail, fax or scan and email directly to the school.

Family name: _____

Address: _____

Church Home: _____

Church address: _____

How long has your family been a member of this church? _____

Name of children applying to Park Avenue Christian School:

1. _____

2. _____

3. _____

4. _____

Pastor Section:

To be completed by your pastor or spiritual leader. The person filling out this form should have personal contact with the family. This form is considered confidential and should be submitted to Park Avenue Christian School by the above-named church.

Is the above family an active member of your church? Yes _____ No _____

Have any members of the family held a leadership position in the church? Yes _____ No _____

Are the children active in the children's program of the church? Yes _____ No _____ Since _____

Are there matters that you feel would be helpful to us as a school to know influencing the admission of this family? _____

Do you recommend this family for admission to Park Avenue Christian School? Yes _____ No _____

Pastor's/Spiritual Leaders name: _____

Pastor's/Spiritual Leaders signature: _____

Date: _____

email: _____

Telephone: _____

Please return this form to Park Avenue Christian School, 2850 N Park Ave, Springfield, MO 65803, fax to 360-639-0361 or scan and email to elaina@pacschool.org. Thank you for your assistance in the enrollment process for this family.

**Park Avenue Christian School
Family Questionnaire**

Family's name: _____

1. Please describe your family structure and those things you value as a family?

2. What are your primary reasons for applying to Park Avenue Christian School?

3. Park Avenue Christian School believes that parents are ultimately responsible for the education of their children. What does this mean to you?

4. What is a Christian? How does one become a Christian?

5. What will enable a person to enter Heaven?

6. Are you committed to being actively involved in a local Bible-believing church and attend with your child/children at least weekly? _____

7. Each parent is required to write out the testimony of their salvation experience in paragraph form on a separate sheet of paper. The application is not complete without the personal testimony.

8. Has your child had a salvation experience? _____ If so, what age? _____

Please have your child write the testimony of his/her salvation experience in paragraph form on a separate sheet of paper. The application is not complete without the personal testimony.



Park Avenue Christian School
2850 N. Park Avenue
Springfield, Missouri 65803
417-865-9875
360-639-0361 fax

To: _____

Re: Student's name: _____
Social Security Number: _____
Date of Birth: _____

Gender: Male Female

Please include the following items:

- Date of entrance and withdrawal
- Transcript and copy of report card
- Key to your grading system
- Standardized testing records
- Health records
- Discipline and IEP records
- Partial grades if the student withdrew before completing the semester or quarter

These records should be mailed or faxed to: Park Avenue Christian School
2850 N Park Avenue
Springfield, MO 65803
Fax 360-639-0361

Parent or Guardian Signature _____ Date _____