



"in lumine tuo videbimus lumen" Psalm 36:9

PROVIDENCE

CHRISTIAN ACADEMY

14795 W 101st Ave • Dyer, IN 46311 • Phone (219) 588-9090 • www.providenceca.org

Application for Enrollment

Preschool, Grade School, High School

APPLICATION PROCESS

We are grateful for your interest in applying to Providence Christian Academy. This packet contains documents needed for all grade levels. Please complete those that apply to your child. If at any time during the application process you have questions, please contact the Principal at (219) 588-9090 for assistance.

Your child's application is complete when the following has been submitted:

FOR NEW ENROLLEES:

STEP 1 (priority enrollment January 1 – April 15):

- | | |
|---|---|
| <input type="checkbox"/> Completed Application for Enrollment | <input type="checkbox"/> Standardized Test Results |
| <input type="checkbox"/> Application Deposit (\$100/family) - Nonrefundable | <input type="checkbox"/> Previous 2 Years' Report Cards |
| <input type="checkbox"/> Signed Tuition Agreement | <input type="checkbox"/> Student Questionnaire (grades 7 – 12 only) |

Please double check documents for signatures where applicable.

STEP 2:

Family Interview: An interview with the Board may be scheduled. The Board will make a recommendation concerning the status of the application and will notify the applicant of that status.

Admissions: After completion of all of the above, you will be notified as to your child's enrollment status. If your child meets the admission requirements, but there are no spaces currently available in the class, you will be given an opportunity to keep your application active in the waiting pool.

STEP 3 (ideally before mid-May):

Placement Testing: We conduct a placement test for math and reading to ensure that the student is placed in a class where the student would best fit. This decision is made together with the parents. At this time, 7th – 12th grade applicants would also conference with the Principal regarding the Student Questionnaire.

STEP 4 (due on the first day of school or earlier):

- Updated Health Forms (Please see our website for immunization & health requirements.)



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Application Date ___/___/___ **Application for Admission to Grade** ___ **In Academic Year** _____

Student Information

Legal Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Sex: _____ Birthplace: _____

Race: ___ White ___ Hispanic Anticipated Start Date: _____

___ Black ___ Asian/Pacific Islander Last Grade Completed: _____

___ American Indian/Alaskan Native

Family Information

<p>Applicant lives with (check all that apply): ___Father ___Stepfather ___Other ___Mother ___Stepmother</p>	<p>Check any that apply: ___Father has Custody ___Parents are Separated ___Joint Custody ___Mother has Custody ___Parents are Divorced</p>
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FATHER

Title/Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____

Cell Phone _____

Home Email _____

Occupation/Title _____

Employer _____

Work Telephone _____

Work Fax _____

Work Email _____

MOTHER

Title/Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____

Cell Phone _____

Home Email _____

Occupation/Title _____

Employer _____

Work Telephone _____

Work Fax _____

Work Email _____

STEPFATHER

Title/Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____

Cell Phone _____

Home Email _____

Occupation/Title _____

Employer _____

Work Telephone _____

Work Fax _____

Work Email _____

GRANDPARENTS (Paternal)

Title/Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____

Cell Phone _____

Home Email _____

Occupation/Title _____

Employer _____

Work Telephone _____

Work Fax _____

Work Email _____

STEPMOTHER

Title/Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____

Cell Phone _____

Home Email _____

Occupation/Title _____

Employer _____

Work Telephone _____

Work Fax _____

Work Email _____

GRANDPARENTS (Maternal)

Title/Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____

Cell Phone _____

Home Email _____

Occupation/Title _____

Employer _____

Work Telephone _____

Work Fax _____

Work Email _____

Emergency Contact Information

Emergency Contact 1: Name and Relationship to Child _____

Contact Information _____

Emergency Contact 2: Name and Relationship to Child _____

Contact Information _____

Educational/Background Information (Grades K-12)

School Previously Attended:

School	Location	Dates	Public/Private/Parochial
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Has your child ever repeated a grade? Yes No If so, state grade and date: _____
- Has your child ever been suspended, expelled or asked to withdraw from school? Yes No If yes, please give name of the school and details:
- Why is your child withdrawing from his/her present school?
- Is your child eligible to re-enter his/her present school? Yes No
- Why have you selected Providence Christian Academy for your child’s education?
- Has your child, to your knowledge, been involved with alcohol, drugs, tobacco products or sexual immorality? Yes No If so, please be prepared to discuss this during an admittance interview.
- Has your child faced any social problems? Yes No If yes, please describe:
- Has the child ever been evaluated for academic, speech, language, sensory integration, physical, behavioral, emotional or attention difficulties by a school official, psychologist, physician or other professional?
 Yes No If yes, please attach a copy of the evaluation report and/or diagnostic results.
- Has the child ever received any academic support such as remedial help, participation in special reading programs, resource room, speech support, etc.? If so, please provide details:
- Has the student experienced any other academic difficulties, even though he or she may not have received special interventions for them? Please explain:
- List student interests and hobbies (e.g. athletics, piano, stamp collecting, etc.):
- Is there any other information that will help us better understand your child?

Medical Consent

Preferred Physician: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

I hereby appoint all members of the administration and teaching faculty of Providence Christian Academy as persons who, during my absence from a school-related function, shall be authorized to provide necessary legal consent for all medical and/or surgical treatment and/or special procedures (including by way of illustration and not limitation, administration of anesthesia, blood transfusion, diagnostic tests, etc.) which may be required if I am unavailable. Without any manner limiting the foregoing appointment and authorization, if circumstances permit, I ask to have my preferred physician reference above consulted in connection with such medical and/or surgical treatment and/or special procedure.

Does your child take any prescription medication: Yes No If yes, please describe:

If you wish to have any of the medications specified above dispensed from the school office, you must provide the school with the desired medication(s) in the original container clearly marked with your child's name and required dosage. These medications may not be stored in the student's locker or desk.

Does your child have any known allergies or medical conditions of which his or her teacher should be made aware? Yes No If yes, please describe:

I authorize that my child be administered Ibuprofen Tylenol Children's Tylenol
in recommended child dosages when requested.

This consent and authorization shall include and extend to all matters for which consent or authorization is required under the law of the state where treatment is provided and the policies of the medical care provider and Providence Christian Academy. In consideration of the services which are rendered to any child named above, pursuant hereto, I agree to pay for all such services. This authorization shall be effective until the end of the school year or until revoked in writing.

After School Transportation

Our child may NOT be released to the following:

Parental Agreement

Name of Church: _____ Denomination: _____

Pastor's Name: _____ Church Phone: _____

Parental subscription to one of the following agreements is necessary for admission to Providence Christian Academy. Parents subscribing to Agreement A shall be granted voting membership, while those subscribing to Agreement B shall be considered associate members of the Providence Christian Academy Association. Although associate members do not possess the privileges of voting or serving on the Board, they are encouraged to participate in school activities and attend Association meetings.

Parental Agreement A:

I am a member in good standing of a North American Presbyterian and Reformed Council [NAPARC] church. I have read Articles I, II and III of the Constitution of the Providence Christian Academy Association, and I agree with the principles contained therein. I hereby agree to have my child(ren) taught according to this basis, set of principles and philosophy.

Parental Agreement B:

I am a member in good standing of a Reformed or Presbyterian church that is not a NAPARC member. I have read Articles I, II and III of the Constitution of the Providence Christian Academy Association, and I agree with the principles contained therein. I hereby agree to have my child(ren) taught according to this basis, set of principles and philosophy.

***The constitution can be found at www.providenceca.org

Parent Signatures

My signature verifies that I hereby subscribe to Parental Agreement _____ (A or B)

Father's Signature

Date

Mother's Signature

Date

Parent-School Agreement

I agree to fulfill the following expectations:

- To support the standards of the school in every area of its philosophy and policies—academic, behavioral, spiritual, dress, moral, and disciplinary as outlined in the **School Handbook**.
 - To support the school in its attempt to train my child in the Christian faith by **example, prayerful encouragement, and weekly attendance at our church**.
 - To assume full responsibility for the **payment of all tuition fees** by the due date.
 - To assume the responsibility for my student’s education by **supervising assigned homework, being an encourager, and initiating regular contact with my child’s teachers**.
 - To be involved in my child’s education through **attendance and participation in the various activities** of the school, including all meetings held for parents whenever possible.
 - To support, to the best of my ability, the school’s entire program through **prayer and volunteering time**.
 - I support Providence Christian Academy by hereby granting permission for my child to participate in all school sponsored **field trips** including transportation to and from these activities.
 - I understand and agree to **substance abuse testing** for my child upon the school’s request, and will cover all costs associated with such testing.
 - I authorize and give full consent to Providence Christian Academy to **publish and copyright all photographs and videos** in which my child appears while enrolled as a student in any and all programs and promotional materials of Providence Christian Academy.
-

Parent Signatures

My signature verifies that I have read and accept all terms of this application.

Father’s Signature

Date

Mother’s Signature

Date

Providence Christian Academy does not discriminate on the basis of sex, race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.