

# PROVIDENCE



*Doing God's Work in God's World through God's Word.*

**743 S. Walnut St, Starke FL 32091**  
**(904) 454-1274**

## STUDENT ENROLLMENT FORM 2022-2023 School Year

**Please fill out this application completely and return with a nonrefundable \$25 application fee. Completion of this form does not guarantee acceptance into Providence Christian Academy. Checks should be made payable to Providence Christian Academy. Application will not be processed without all parts including payment.**

**Applicant:** Full Name: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_ Sex: M  F  Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle (Name child responds to in class)

Address: \_\_\_\_\_  
Street City State ZIP County

Home Phone: \_\_\_\_\_ Race/Ethnicity (for statistical purposes only): \_\_\_\_\_

Applicant lives with: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Grandparent(s) \_\_\_\_\_ Other: \_\_\_\_\_

Grade student will be entering for 2021-2022 School Year \_\_\_\_\_

### **Family**

Father/Male Guardian: \_\_\_\_\_  
Title (Dr., Mr., etc.) First Name M.I. Last Name Goes by

Home Address: \_\_\_\_\_  
Street City State ZIP

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mother/Female Guardian: \_\_\_\_\_  
Title (Dr., Mrs., etc.) First Name M.I. Last Name Goes by

Home Address: \_\_\_\_\_  
Street City State ZIP

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Check all that apply: Father is deceased \_\_\_\_\_ Parents are divorced \_\_\_\_\_ Father is remarried \_\_\_\_\_  
Mother is deceased \_\_\_\_\_ Parents are separated \_\_\_\_\_ Mother is remarried \_\_\_\_\_

*If one or both parents have legal custody, please check one of the following:* Father only \_\_\_\_\_ Mother only \_\_\_\_\_ Both \_\_\_\_\_

Stepmother: First Name Last Name Cell Phone Email

Stepfather: First Name Last Name Cell Phone Email

**Education**

Child's current school: \_\_\_\_\_ Name \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
Street City State ZIP Phone

List all other schools attended including kindergarten and preschool(s). List most recent school first.

Name of School	Grades	Years	City	State

Has your child been identified as academically gifted?\* **yes**\_\_\_/ **no**\_\_\_ If "yes," what do you expect from the school in terms of sufficiently challenging your child? \_\_\_\_\_

Does your child have health or physical problems? **yes**\_\_\_/ **no**\_\_\_ If "yes," please explain the problem and what the school would need to do to ensure the safety and participation of your child. \_\_\_\_\_

Has your child ever consulted or been referred to a psychiatrist, psychologist, or psychiatric social worker for professional assistance? **yes**\_\_\_/ **no**\_\_\_ If "yes," please explain the problem and what the school would need to do to ensure the safety and participation of your child. \_\_\_\_\_

Does your child have an identified learning disability or attention deficit disorder?\* **yes**\_\_\_/ **no**\_\_\_ If "yes," please name or describe the disability and the interventions required for your child to succeed in school. \_\_\_\_\_

Has your child exhibited significant behavioral/discipline problems at school, preschool, or daycare?\* **yes**\_\_\_/ **no**\_\_\_ If "yes," please describe the problem and solutions/interventions required for your child to succeed in school.

Has your child been suspended, expelled, excluded, or denied re-entry to a school? **yes**\_\_\_/ **no**\_\_\_ If "yes," please explain: \_\_\_\_\_

**\* A premier education is our commitment at Providence Christian Academy. This includes academic rigor, hands-on learning, and life skills development. We do not modify curriculum, unless specified by an IEP. Teachers are not specialists in serving students with specific learning differences. However, Providence Christian Academy does have a number of services in place to provide academic support.**

**Other Information**

**Siblings** (Please list all other children younger than 18 who are living with the family.)

Name	Birth Date			Current School	Current Grade
	month	day	year		

What additional information should we know regarding your child and his/her placement at Providence Christian Academy?

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Please explain why you wish to enroll your child in Providence Christian Academy. \_\_\_\_\_

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Please record your observations of your child as a student (strengths, weaknesses, progress, learning style, etc.).

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How did you hear about Providence? \_\_\_\_\_

Local Church Affiliation: \_\_\_\_\_

- Please attach all health records including immunization (required) and recent physical (required) vision, and hearing.
- Please attach, "Legal Guardian Parent Form", if applicable.
- Please include additional PCA required documents. -Prescription Form, Non-Prescription form, Illness Policy, Photo Release Form, Parent Guardian Form, Allergy Management Form, Emergency Contact form