

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 2023-2024 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.

Office Use Only: App. Fee Received: _____ Cash: _____ Check: _____
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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 2023-2024 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
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Stepfather: First Name	Last Name	Cell Phone	Email
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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?

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

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

How did you hear about Providence? _____

Local Church Affiliation (not required for admission): _____

- 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