



17356 US Hwy 301 N.  
Starke, FL 32091  
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www.providencewarriors.org

## NEW STUDENT ENROLLMENT APPLICATION

Complete an application for each student and return to PCA. **Submission of this form does not guarantee acceptance into Providence Christian Academy.** An administrator will call to schedule a family intake interview within 48-72 business hours. Thank you for considering Providence Christian Academy.

**Student: Full Name:** \_\_\_\_\_  
Last First Middle (Nickname)

Gender: \_\_\_ Male \_\_\_ Female Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade entering: \_\_\_\_\_

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

Race/Ethnicity (for statistical purposes only): \_\_\_\_\_ Student Cell: *(if applicable)* \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Youth/Adult (*circle one*) Jacket Size: \_\_\_\_\_ Youth/Adult (*circle one*)  
\* Please consider your student may grow before school shirts and jackets are delivered in early fall

**Family: Father/Male Guardian:** \_\_\_\_\_  
Title (Dr, Mr. etc.) First Name MI Last Name

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Mother/Female Guardian:** \_\_\_\_\_  
Title (Dr, Mr. etc.) First Name MI Last Name

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_ Other: \_\_\_\_\_



**Family Continued:**

Who has legal custody? Please check one of the following: \_\_\_ Father Only \_\_\_ Mother Only \_\_\_ Both

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

*Stepmother:*

Name \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

*Stepfather:*

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

*Siblings:* List all other children living in the home under 18 years of age.

Name of Sibling	Current Grade/Age	Current School	Also applying to PCA
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

**Education:**

Student's current school: \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

School County: \_\_\_\_\_ School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Has your student been identified as "academically gifted?" \_\_\_Y \_\_\_ N

Has your student ever been retained? \_\_\_Y \_\_\_ N – If "yes," what grade and how many times? \_\_\_\_\_

Does your student have health or physical challenges? \_\_\_Y \_\_\_ N - If "yes," please explain: \_\_\_\_\_

Has your student ever been seen or referred to a psychiatrist, psychologist, or psychiatric social worker for professional assistance? \_\_\_Y \_\_\_ N - If "yes," please explain: \_\_\_\_\_

Does your student have an identified learning disability or attention deficit disorder? \_\_\_Y \_\_\_ N

If "yes," please describe their challenges and the interventions required for your student to succeed: \_\_\_\_\_



Has your student displayed significant behavioral or disciplinary issues at preschool, daycare, or in the classroom?  Y  N - If "yes," please describe their challenges and the interventions required for your student to succeed academically: \_\_\_\_\_

Has your student been suspended, expelled, excluded, or denied re-entry to a school?  Y  N  
If "yes," please explain: \_\_\_\_\_

*\* Providence Christian Academy is committed to providing each student with academically rigorous curriculum, hands-on learning, and life-skill development. We do not modify the curriculum. Our teachers are not specialists in serving students with specific learning requirements. However, PCA does implement a variety of services to provide extra academic support.*

*List all other schools attended including Kindergarten and Preschool. List the most recent school first.*

Name of School	Grades Attended	City	State

**Other Information:**

List two of your student's strengths: \_\_\_\_\_

List two of your students' struggles: \_\_\_\_\_

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

Why have you chosen to apply to PCA? \_\_\_\_\_

Do you have a religious affiliation?  Y  N Place of Worship: \_\_\_\_\_

Additional comments: \_\_\_\_\_

**I attest that the above information is true and accurate to the best of my knowledge. I understand that submitting this application does not guarantee acceptance at PCA.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

