

Student Re-Application Form for 2023–24 School Year

Student's Name: _____ Date of Birth: _____
Last First Middle Month/Day/Year

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Student's Cell Phone: _____ Grade applying for: _____

Gender: M ___ F ___; Student resides primarily with: Both parents ___; Father ___; Mother ___;
Stepmother ___ Stepfather ___; Grandparents ___; Guardian _____

Please list other children in the family: _____

Church Membership: _____ Church Currently attending: _____
Is student baptized? Yes ___ No ___ Date of Baptism: _____

Father's Name: _____ Alumnus of PCA/SJA: Yes ___ No ___
Last First

Address: _____ City: _____ State: _____ Zip: _____
(If different than your student)

Home Phone: _____ Cell Phone: _____ Email: _____

Occupation: _____ Employer: _____ Work Phone: _____

Church Membership: _____ Church Currently Attending: _____

I give permission for PCA to share my _____ phone number and _____ email address with our school family.

Mother's Name: _____ Alumnus of PCA/SJA: Yes ___ No ___
Last First

Address: _____ City: _____ State: _____ Zip: _____
(If different than your student)

Home Phone: _____ Cell Phone: _____ Email: _____

Occupation: _____ Employer: _____ Work Phone: _____

Church Membership: _____ Church Currently Attending: _____

I give permission for PCA to share my _____ phone number and _____ email address with our school family.

RIDE & RELEASE PERMISSION

My child, _____, has permission to ride in privately owned vehicles with the following individuals. I also authorize Palisades Christian Academy to allow my student to leave the school grounds with these persons:

I understand that this permission remains in effect as long as my child is enrolled at Palisades Christian Academy. If I want to add or subtract individuals to this list, I will do so in writing.

Signature: _____ Date: _____
Parent/Legal Guardian

P. I. E. – Parents Involved in Education:

Palisades Christian Academy has been in existence for over 75 years due to the support and dedication of constituents, parents, teachers, and friends in the community. Our school is dependent upon each family’s participation and assistance. Each family is asked to please give of their time for a minimum of 30 hours per school year. Parents, grandparents, or an adult relative of the family can complete a family’s hours.

I understand the P.I. E. Policy and agree to do my share to help PCA.

Signature _____ Date _____
Parent/Legal Guardian

EMERGENCY SITUATIONS:

In case of emergency, parents will be contacted first. But, if parents are not able to be reached, we would like some alternate contact people and phone numbers on file.

Emergency Contact: _____ Phone: _____ Relationship: _____
Emergency Contact: _____ Phone: _____ Relationship: _____
Doctor: _____ Phone: _____ Hospital: _____
Date of last physical: _____ Known Allergies: _____

I authorize emergency treatment of my student by the physician named above or by the staff of any hospital emergency room. Yes ____ No ____

Is there any information that would be helpful to your child’s teacher? _____

Has your child been involved in any of the following? Special Education____; Speech Therapy____; Counseling____; Remedial Reading/Math____; Tested by a school psychologist ____;
Please explain any special needs or concerns you have about your child and his/her education:

