

Plainview Christian Academy

Student Application

Mission Statement

To provide academic excellence from a Biblical perspective, security in the learning environment, promote student success, and prepare students to influence culture and society for Christ.

Application for Admission

Plainview Christian Academy • Plainview Christian High School
310 S. Ennis, Plainview, Texas 79072

Phone: 806.296.6034 • Fax: 806.296.0074 • Email: pca@pcaeagles.org • Website: www.pcaeagles.org

(Please print name exactly as it should appear on all permanent records.)

Applicant information:

_____	_____	_____	_____	_____	
Last Name	First	Middle	Name Used	Social Security #	
Current Grade _____	Applying for grade _____	Male _____	Female _____	Race _____	Date of Birth _____
Applicant's Current Address: _____					
			City _____	State _____	Zip _____
Student's Home Phone _____	Student's Cell Phone _____	Student's Email _____			

Parents' information

Applicant lives with (check all that apply)

Father _____ Stepfather _____ Other _____
Mother _____ Stepmother _____ Other _____

Check any that apply to Applicant

Father is deceased _____ Parents are divorced _____
Mother is deceased _____ Parents are separated _____

Father/Guardian Name: _____	Mother/Guardian Name: _____
Father/Guardian Occupation: _____	Mother/Guardian Occupation: _____
Business Name: _____	Business Name: _____
Business Address: _____	Business Address: _____
Business Phone: _____	Business Phone: _____
Cell Phone: _____	Cell Phone: _____
Email Address: _____	Email Address: _____

Applicable discounts: (mark all that apply)

Parent/Guardian Current Church Staff Member full-time part-time @ _____ position held _____
Parent/Guardian WBU Teacher/Staff full-time part-time _____
Parent/Guardian Currently attending college full-time part-time @ _____

Emergency Contact Information

_____	_____	_____	_____	_____
Name	Relationship	Home Phone	Work Phone	Cell Phone
<u>Family Church</u>				

_____	_____	_____
Name	Address	Number of Years

Please check the appropriate boxes:

Applicant attends church regularly _____
Applicant belongs to church youth group _____
Other _____

Parents/Guardians attend church regularly _____
Applicant attends Sunday School _____

References: Please list the name, address and phone number of your pastor and a family who knows you well (preferably a PCA family). Do not list relatives.

_____	_____	_____	_____
Pastor	Church	Address	Phone
_____	_____	_____	_____
Family Friend	Address		Phone

School history (if transferring from another school)

_____	_____				
School Name	School District				
_____	_____				
School Address	City	State	Zip	Phone	Fax

Reason for transfer from current school to Plainview Christian _____

Has the applicant ever been retained? Yes _____ No _____

Comments: _____

Has the student ever had difficulty in reading or math? Yes No

Comments: _____

Has the applicant ever been tested or received special help for a reading or learning difficulty? Yes No

(If yes, please discuss the results and include a copy of the report or the name of school and district that holds applicant's special education records.)

Comments: _____

Health Background

Does the applicant have any of the following physical problems?

- | | | | |
|------------------------|-----------|--------|-------------|
| Diabetes | Visual | Asthma | |
| Structural or Muscular | Allergies | Speech | |
| Epilepsy or Seizures | Auditory | Heart | Other _____ |

If yes to any of the above, please explain:

Does the applicant exhibit any difficulties such as:

- | | | | |
|----------------------|----------------|------------------------|-------------|
| Hyperactivity | Uncoordination | Twitching | |
| Frequent Headaches | Nervousness | Tantrums | |
| Short Attention Span | Aggressions | Frequent Stomach Aches | Other _____ |

If yes, please explain:

Does the applicant require any medication? Yes No

Does the applicant require any medication to be administered during school hours? Yes No

(Medication Name, dosage, dosage time, etc. will be provided to the school on the "Medication Permission Form" updated annually).

Does the applicant's physical activity need to be restricted in any way? Yes No

If yes, please explain: _____

Has the applicant experienced surgery, hospitalization, a serious illness or accident? Yes No

If yes, please explain: _____

Parent / Guardian Information:

1) Please make a full statement as to why you want to enroll this student in Plainview Christian Academy.

2) Please list names of other children, their ages, grade, and school currently attending.

Child #1 _____

Child #2 _____

Child #3 _____

Child #4 _____

Child #5 _____

3) Do you intend to enroll any of the above children at PCA? Yes No

4) On a scale of 1-10 what is your child's (the applicant) desire to attend Plainview Christian Academy? (10 very accepting)

1 2 3 4 5 6 7 8 9 10

5) In what way does your child (the applicant) generally relate to you as a parent/guardian?

Comfortably Overly Independent Overly Dependent

6) How would you rate your child's (the applicant) obedience to parents/guardians on a scale of 1-10 (10 being very obedient).

1 2 3 4 5 6 7 8 9 10

7) How would you evaluate your child's obedience to other authority figures?

Acceptant Reluctant Rebellious

8) What responsibilities are given to your child in your home? _____

To be completed by the student applying for Junior High or High School.

PLEASE ANSWER THE QUESTIONS LISTED BELOW THOUGHTFULLY AND HONESTLY

1) Why do you desire to attend PCHS? _____

2) Discuss the things you like most about school. _____

3) Describe your relationship with your parents / guardians. _____

4) Discuss your relationship with God and Jesus Christ. _____

5) Discuss your relationship with your church. _____

6) How frequently do you attend church? _____

7) How many hours a week do you watch television? _____

8) What are your favorite television shows? _____

9) List the last three movies you have seen at the theater or in your home. _____

10) List your favorite music groups. _____

11) List the magazines you most frequently read. _____

12) Have you ever experimented with or used illegal drugs, alcohol, or tobacco? _____

If yes, please explain: _____

13) Do you currently date without adult supervision? _____

If not, at what age do you expect to start dating? _____

14) How do you believe your attendance at Plainview Christian High School will be an asset to the school? _____

Student Signature

Date

Parent/Guardian Signature

Date