



APPLICATION FOR ADMISSION

Providence Classical Christian School
252 Byrd Road
Oxford, Georgia 30054

For office use only: Application Fee \$ _____ Cash _____ Check # _____
Office Personnel Initials: _____ Date Admission Paperwork Received: _____
Application for Admission _____ Test Scores _____ Statement of Faith _____
Pastor Recommendation _____ Report Card _____ Immunization Form/Waiver _____
Interview Date: _____ Enrollment Date: _____

Student Information (Complete student information sheet/page 1 for each child.) **Date** ____/____/____

Student Name: _____ Grade Entering: _____ Year: _____

Home Address: _____ City: _____ Zip Code: _____

Phone: (____) _____ Age: _____ Birth Date: _____ Male _____ Female _____

School Last Attended: _____ School District: _____

With whom does the child reside? _____ Are there any custodial complexities? _____

List any unusual factors in the child's life. (Absence of parent, step-parent, unusual accidents or serious illness, adoption, etc.)

Has this student:

- Repeated a grade? yes _____ no _____
- Been referred for testing or placement in a special program? yes _____ no _____
- Received any special help or tutoring? yes _____ no _____
- Received any scholastic awards or honors for achievement? yes _____ no _____
- Ever been suspended or expelled from school? yes _____ no _____
- Seen a doctor/counselor/psychiatrist for social, mental, or physical reasons? yes _____ no _____
- Ever been involved in legal problems or arrested? yes _____ no _____

If you answered yes to any of the above, please explain. _____

Family Information Sheet

(Complete once per family)

Father	Mother
Name _____	Name _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Employer's Address _____	Employer's Address _____
Employer's Phone _____	Employer's Phone _____
Cell Phone _____	Cell Phone _____
E-Mail Address _____	E-Mail Address _____

Parents/Family General Information

Billing Information	Church Information
Name _____	Pastor's Name _____
Address _____	Church _____
City, State and Zip _____	Address _____
Email Address _____	City, State, and Zip _____

Describe your relationship with Jesus Christ:

Father: _____

Mother: _____

Describe your involvement in your church. _____

What practices do you follow daily to provide spiritual growth for you and your children? _____

Provide the names and ages of brothers and sisters and schools siblings attend. _____

In your view, what is the purpose of Christian Education? _____

State your reasons for desiring a Christian education for your child. _____

What is your child's attitude toward attending PCCS? _____

Please share any differences you have with the School's Statement of Faith or objectives. _____

How did you learn about Providence Classical Christian School? _____

I understand that the application fee is not refundable. Signing this application designates agreement with the School's Statement of Faith. One parent that agrees with the School's Statement of Faith must sign the application for admission.

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Providence Classical Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.