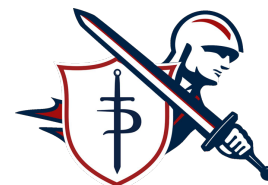




APPLICATION FOR ADMISSION

Providence Classical Christian School
252 Byrd Road
Oxford, Georgia 30054



Disciples ♦ Scholars ♦ Citizens

For office use only: Application Fee \$_____ Cash_____ Check #_____

Office Personnel Initials:_____ Date Admission Paperwork Received:_____ HM: _____

Application for Admission _____ Statement of Faith_____ Pastor Recommendation_____

Report Card (most recent) _____ Standardized Test Scores (most recent) _____

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. _____