



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. _____