

THE PINES CHRISTIAN SCHOOL 2008-2009 Application for Enrollment

Please complete the following Application carefully. Initially, the information that you will provide will help us to determine whether your child will benefit from The Pines Christian School program. Once the child is accepted for enrollment, the information will help us to provide emergency medical care, classroom placement, and other important services to the child. No child will be enrolled until the information herein requested is provided AND you may be required to provide additional information. **All school and financial information will be verified. Children with questionable academic or behavioral records will not be accepted for enrollment.** Classroom placement will be made according to our testing results with final placement depending upon the availability of space. **The Pines Christian School** is committed to providing a high quality academic and social environment for our students while surrounding them with a Bible based Christian philosophy and day-to-day Christian training. Our goal is to assist you in "bringing up the child in the way he should go so that when he is old, he will not depart from it."

Information about the student

Place of Birth _____ S.S. Number _____ Entering Grade _____ in Sept.

Students "Legal" Last Name	First Name	Middle Name	Date of Birth	Age	Tele. #
Resident St. Address	City	Zip	Parent wk. Num.	Name of Primary Care Provider	
Name of Last School Attend.	Street Address	City	State	Last Grade Completed	

[A] Student resides with:

Natural Father
 Natural Mother
 Step Father
 Step Mother
 Grandpar.
 Other _____
 Legal Father's Name _____ Home Telephone _____
 Legal Mother's Name _____ Home Telephone _____
 Name of Care Provider _____ Home Telephone _____

[B] List other children in the home

Name _____ Age _____ School _____
 Name _____ Age _____ School _____
 Name _____ Age _____ School _____
 Name _____ Age _____ School _____

[C] Church Attendance YES NO, If yes complete the following section.

Name of Church _____ Sr. Pastor _____ Youth Pastor _____
 Address _____ City _____ ZIP _____ Telephone _____

[D] Healthy and Behavioral Information. While we would like to meet the needs of every student who applies, it is often impractical and fiscally impossible to employ the specialized personnel to fulfill our obligations to some children with special needs. Your answers to these questions will help us to determine whether or not your child has special needs and whether or not our school can provide a suitable learning environment for your child. A “yes” answer to any of the questions below does not “automatically” disqualify your child for enrollment, but it may indicate that a special service may be required.

- YES NO Has the student ever been suspended from any school for disciplinary reasons?
- YES NO Has the student ever been diagnosed as having a learning disability?
List: _____
- YES NO Has the student ever been diagnosed as “hyperactive” or “ADD”? Where: _____
Year: _____
- YES NO Has the student ever been removed or expelled from any classroom or school? When: _____
- YES NO Has the student ever “failed” a grade or class? Where: _____ Year: _____
- YES NO Is the child receiving regular medication? List: _____
- YES NO Has the student been diagnosed as being allergic to any common food items?
If “yes” please list: _____
- YES NO Has the student been diagnosed as being allergic to any common medications?
If “yes” please list: _____
- YES NO Does the student have any unusual medical problem that would affect his/her school activity?
If “yes” please list: _____
- YES NO Does the student have any physical handicaps that require special attention of the staff?
If “yes” please list: _____
- YES NO Is the student covered by any health insurance plan?
If “yes” please list company name _____
Policy Number _____

Parent/Legal Guardian Information This section is to be completed by the person or persons having legal custody and/or financial responsibility for the student.

Parent #1 Full, Legal Name _____ SS# _____

Home Telephone _____ Name of Employer _____

Email Address _____

Length of Employment _____ Business Tele. _____ or _____

Employer street address _____ City _____ Job Title _____

Parent #1 Full, Legal Name _____ SS# _____

Home Telephone _____ Name of Employer _____

Email Address _____

Length of Employment _____ Business Tele. _____ or _____

Employer street address _____ City _____ Job Title _____

Certification

I certify under penalty of perjury that the information that I have provided is true and correct to the best of my knowledge. I understand that in making this Application to The Pines Christian School, I am granting permission to school officials to review my child’s school records and my personal credit information. My signature on this Application affirms that I am accepting financial responsibility for the services provided on behalf of the minor child name herein.

- I am applying for care during the normal school day 9:00am to 3:00 pm.
- I am requesting placement in Morning Child Care: I expect to arrive on the campus at _____ A.M.
- I am requesting placement in Afternoon Child Care: I expect to pick up my student at _____ P.M.

Tuition Payment Options- Yearly (1 payment), Monthly (10 payments), Weekly (41 payments) Annual Tuition- The annual tuition covers the academic school year only, from the first week to the last week of school. The academic year usually consists of 41 weeks. Because you are paying off an annual tuition, you must make each tuition payment even when your child is not attending classes or daycare. There are no adjustments for illness or vacations. To see the current rates, pick-up a Rate Sheet in the office.

Signature of Parent/Guardian

Date