



## Admission Application

**For Office Use Only**

Family Number		OEN	
Date Application Received		Date Application Fee Received	

### 1. STUDENT INFORMATION

<b>Student's Name:</b>	_____	_____	_____
	First	Middle	Surname or Family Name
<b>Applying for Grade:</b>	_____	<b>Interested in Starting:</b>	_____
			YYYY/MM
<b>Birth Date:</b>	_____	<b>Student Age:</b>	_____
	YYYY/MM/DD		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Address:</b>	_____		
	<i>(include Street Number, Street Name, City, Province and Postal Code)</i>		
<b>Home Phone:</b>	_____	<b>Health Card Number:</b>	_____
			<i>(or other medical insurance)</i>
<b>Allergies (if any):</b>	_____		
<b>Status in Canada:</b>	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Student Visa	<input type="checkbox"/> Permanent Resident
<b>First Language:</b>	_____	<b>Languages Spoken:</b>	_____
<b>Date of Entry:</b>	_____	<b>Country Born In:</b>	_____
	YYYY/MM/DD		
<b>Custody:</b>	<input type="checkbox"/> Joint	<input type="checkbox"/> Mother – Exclusive	<input type="checkbox"/> Visa Guardianship
	<input type="checkbox"/> Mother/Father – Shared	<input type="checkbox"/> Father – Exclusive	<input type="checkbox"/> Guardianship
<b>If Shared:</b>	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	

## 2. SIBLING INFORMATION

Name of Sibling	Applying or Enrolled	Grade	Date
	<input type="checkbox"/> Applying <input type="checkbox"/> Enrolled		
	<input type="checkbox"/> Applying <input type="checkbox"/> Enrolled		
	<input type="checkbox"/> Applying <input type="checkbox"/> Enrolled		

## 3. CHURCH / REFERRAL INFORMATION

What is the name of your family church? \_\_\_\_\_

How did you hear about PCA? \_\_\_\_\_

Are you a PCA Alumni? \_\_\_\_\_

## 4. PARENT INFORMATION

Father's Information		Mother's Information	
Name: _____	_____	Name: _____	_____
First	Surname	First	Surname
Email: _____		Email: _____	
Occupation: _____		Occupation: _____	
Work Phone: _____		Work Phone: _____	
Phone: _____		Phone: _____	

## 5. TUITION PAYMENT INFORMATION

Payee's Name: \_\_\_\_\_

                    First                      Surname

Relationship to Student: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

*(include Street Number, Street Name, City, Province and Postal Code)*

## 6. EMERGENCY CONTACT INFORMATION

Emergency Contact Other Than Parent: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## 7. TUITION DISCOUNT INFORMATION

Full Time in Christian Ministry			A Full Time Local Church Pastor		
Parent	Yes	No	Parent	Yes	No
Mother			Mother		
Father			Father		

*Tuition discounts are available subject to eligibility. See Application Procedure for further information. Peoples Christian Academy reserves the right to make changes to, delete, or modify the discounts without prior notification.*

## 8. ACADEMIC HISTORY

**Has the student ever attended PCA before?**

Yes	Grade(s) Attended	Year(s) Attended	No

**Schools attended now and in the last three years:**

School Name	School Address	Grade(s)	Year(s)

**Does the student have any special needs which affect his/her education?**  Yes  No

**If yes, please explain:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Has the student been involved in a modified and/or individual education program?**  Yes  No

**If yes, please explain:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Has the student ever been:**

Suspended	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asked to Withdraw From School	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expelled	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If yes, please explain:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Sections 9, 10 and 11 are to be completed by students applying for Grades 6-12**

**9. STUDENT INTERESTS**

Why do you wish to study at PCA? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your extra-curricular: \_\_\_\_\_

List your church involvement: \_\_\_\_\_

Do you use:                      **Tobacco?**     Yes     No                      **Alcohol?**     Yes     No  
   **Marijuana?**     Yes     No                      **Vaping?**     Yes     No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. STUDENT ASSIGNMENT**

Please write a composition on one of the following topics:

1. The biggest challenge facing teenagers today is . . .
2. Canada is the best country in the world in which to live because . . .
3. My favourite activity or hobby is . . .

**11. GRADES 6-12 STUDENT PLEDGE**

I desire to attend Peoples Christian Academy or am willing to be under the authority of my parents in submitting and deferring to their wishes concerning enrollment at Peoples Christian Academy.

I understand that Christian teachers are in partnership with my parents. I will strive to obey them also as they seek to train me according to God's Word.

I will seek to live a godly life in and out of school in order that Jesus Christ will be glorified.

I understand that willful disobedience of these principles and the guidelines of the Family-School Handbook may result in my dismissal from Peoples Christian Academy.

**Student Signature** \_\_\_\_\_                      **Date** \_\_\_\_\_

Peoples Christian Academy reserves the right to add, delete or modify rules and policies without prior notification.

**12. PARENT SIGNATURE**

All of the information in this application is accurate and complete. Any omission may result in loss of privilege to attend Peoples Christian Academy.

**Parent Signature** \_\_\_\_\_                      **Date** \_\_\_\_\_