



APPLICATION FOR ADMISSION (One per child)

1. STUDENT INFORMATION

Student's Name _____ Preferred Name _____
 Student's Gender Male Female Date of Birth _____
 Address _____ City _____ State _____ Zip Code _____
 Home Phone _____ Application Date _____ Local School District _____
 Entering Grade _____ Academic year for which student is applying _____

Age Requirement if entering Pre-K or Kindergarten					
Pre-K students should be four (4) years old by September 1 st of the academic year in which they enter.					
Kindergarten students should be five (5) years old by September 1 st of the academic year in which they enter.					
Pre-K Only:	Half Day	Full Day	Kindergarten Only:	Half Day	Full Day

Has student previously applied for admission to PMCA? Yes No If yes, to enter what grade _____
 Has student previously attended PMCA? Yes No If yes, what year(s) _____
 Are either of this student's parents PMCA alumni? Yes No If yes, please give name(s) and graduation year(s) _____

 Do relatives of this student now attend PMCA? Yes No If yes, please give names _____

2. FAMILY INFORMATION (Please fill in fields marked with an * only if different from student information)

Father's Name _____ **Occupation** _____
 Employer _____ Phone _____ Cell _____
 * Home Address _____
 * Home Phone _____ E-mail address, if checked daily _____
 Church Name _____ Pastor _____ Phone _____
 Church Address _____
 Member Yes No If yes, how many years _____ Regular Attendance Yes No If yes, how many years _____
Mother's Name _____ **Occupation** _____
 Employer _____ Phone _____ Cell _____
 * Home Address _____
 * Home Phone _____ E-mail address, if checked daily _____
 Church Name _____ Pastor _____ Phone _____
 Church Address _____
 Member Yes No If yes, how many years _____ Regular Attendance Yes No If yes, how many years _____

3. STUDENT RESIDES WITH: (please check all that apply)

Mother and Father Mother Father Stepfather Stepmother Guardian Other
 Father is deceased Mother is deceased Parents are divorced or separated

If "Guardian" or "Other" is checked, what is the relationship to the student? _____

4. STUDENT PROFILE (Please provide complete information, beginning with most recent)

1. School Name _____ School Phone _____
Address _____ City _____ State _____ Zip Code _____
Grade(s) _____ Dates _____ Reason for Leaving _____

2. School Name _____ School Phone _____
Address _____ City _____ State _____ Zip Code _____
Grade(s) _____ Dates _____ Reason for Leaving _____

3. School Name _____ School Phone _____
Address _____ City _____ State _____ Zip Code _____
Grade(s) _____ Dates _____ Reason for Leaving _____

Do you have outstanding financial obligations to any school which the student has previously attended? Yes No

If yes, please explain _____

Please list student's special abilities and interests _____

Has student ever skipped a grade? Yes No If yes, list any/all grades _____

Has student ever repeated a grade? Yes No If yes, list any/all grades _____

Has student ever attended a summer school program? Yes No If yes, list all subjects and dates of tutoring _____

Has student ever received private tutoring? Yes No If yes, list all subjects and dates of tutoring _____

If any of the following questions are answered in the affirmative, please explain fully on a separate sheet.

Has student ever received an in-school or out-of-school suspension? Yes No

Has student ever been placed on probation at any school? Yes No

Has student ever been expelled or asked to withdraw from any school? Yes No

Has student ever been arrested or encountered any form of conflict with civil authorities? Yes No

Has student ever used illegal narcotics, tobacco or alcohol, or abused any other substances? Yes No

Has student ever encountered any other form of disciplinary action in school? Yes No

Has the student ever received counseling for personal, family, or event-oriented issues? Yes No

Has the student ever been recommended for retention? Yes No

Does the student have any of the following? Please check all that apply.

Learning disability assessment

Speech evaluation

Psychological evaluation

I.E.P.

Remediation report

Any other individual test (please explain)

****If the student has ever received any of the above mentioned tests, please include a copy of the complete assessment with this application***

5. PARENT PROFILE

Please answer the following questions fully. If applying for more than one child, please complete the Parent Profile ONLY on the older/oldest child's application.

- How did you hear about PMCA?

Current school family _____
Radio _____
Advertisement in the following publication _____
Phonebook _____
Other _____

- If your family is new to PMCA (no one in your family is an alumnus), please list below any current PMCA family or families (no more than four) who significantly influenced your decision to enroll in PMCA such that, had it not been for them, you would have enrolled your children elsewhere:

- Why do you desire to send your child(ren) here?

- Why do you believe that you are a Christian?

- If you are not enrolling all eligible children in PMCA please explain why not?

**Please complete Parent Certification on reverse.*

6. ADDITIONAL INFORMATION

Please use the space below for any further information you may want to share about this student.

7. PARENT CERTIFICATION

I certify that all of the information presented by me in this application is, to the best of my knowledge, true, complete and accurate, and I further certify that I have not withheld any known information which would have been pertinent to the enrollment, class placement or potential success of this child at Philadelphia-Montgomery Christian Academy.

Signature of Father/Guardian

Signature of Mother/Guardian

Date

Date

▶ Please include the \$100.00 non-refundable Family Application Fee with this application.
Checks may be made payable to PMCA.

▶ Send applications, accompanying documents, and application fee to:

**Admissions Office
Philadelphia-Montgomery Christian Academy
35 Hillcrest Avenue
Erdenheim, PA 19038-8281**



<u>Office Use Only</u>
Date Rec'd: _____
Amt. Paid: _____
Check No: _____

Philadelphia-Montgomery Christian Academy does not discriminate on the basis of race, color, gender, or national/ethnic origin regarding any of its programs.