



Mission Statement

Preparing the whole person to reach the whole world for Christ.

Application for Admission

For Office Use Only

Date Application Rec'd.:	Fam. #:
Date Application Fee Rec'd.:	OEN#:

1. STUDENT INFORMATION

STUDENT'S NAME: _____

Surname _____ First _____ Middle _____

Applying for Grade: _____ Birth Date: _____ Student Age: _____ Gender: M F

YYYY / MM _____ YYYY / MM / DD _____

Copy of Document Attached: Birth Certificate Passport Permanent Resident Card

Other: _____

Status in Canada: Canadian Citizen Permanent Resident Student Visa

Date of Entry: _____ Country Born in: _____

Language first spoken/still understood: _____

Custody: Joint Mother/Father – Shared Visa Guardianship

Mother – Exclusive If shared, parents are: _____ Guardianship

Father – Exclusive Separated Divorced

Health Card Number (or other medical insurance): _____

Copy of Health Card (or other medical insurance) attached:

Severe allergies (if any): _____

2. SIBLING INFORMATION

Name(s) of sibling(s) also applying already enrolled : _____ Grade: _____ (y / m)

Name(s) of sibling(s) also applying already enrolled : _____ Grade: _____ (y / m)

Name(s) of sibling(s) also applying already enrolled : _____ Grade: _____ (y / m)

3. CHURCH / REFERRAL INFORMATION

What is the name of your family church? _____

How did you hear about PCA? _____

4. PARENT INFORMATION

Father's Name: _____ **Mother's Name:** _____
 Surname First Surname First

Address: _____
 _____ () _____
 City, Province, Postal Code Home Phone No.

Father's Home email _____ **Mother's Home email** _____

Father's Occupation _____ **Mother's Occupation** _____

Business Phone _____ Business Phone _____

Bus. Email _____ Bus. Email _____

Cell _____ Cell _____

Pager _____ Pager _____

5. TUITION PAYMENT INFORMATION

Person responsible for tuition payments: _____

If other than parent, relationship to student (i.e. Aunt/Uncle/Friend, etc.) _____

Address: _____
 _____ () _____
 City, Province, Postal Code Home Phone No.

6. EMERGENCY CONTACT INFORMATION

Emergency Contact **Other** Than Parent: _____ Phone: _____

Family Doctor's Name: _____ Phone: _____

7. TUITION DISCOUNT INFORMATION

Are parents alumni of Peoples Christian Academy?	YES	GRADES ATTENDED	YEARS ATTENDED (month/year – month/year)	NO
Mother				
Father				
Are parents in full-time Christian ministry?		YES	NO	
Mother				
Father				
Is either parent a local church pastor?		YES	NO	
Mother				
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 student ever attended PCA before? Yes

Grade(s) Attended _____

Year(s) Attended _____

No

School attending now: _____

School Address: _____

School Phone: _____

Please list any other schools attended in last three years:

School Name	Address	Grades	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

If yes, explain _____

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

If yes, explain _____

Has student ever been: Suspended? Yes No

Asked to withdraw from school? Yes No

Expelled? Yes No

If yes, 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 extra-curricular or church/service interests/involvements. _____

Do you use Tobacco? Yes No Alcohol? 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 . . .

Please Note: While the majority of rules and regulations are outlined in the Student Handbook, Peoples Christian Academy reserves the right to make policy changes, or to add, delete or modify rules without prior notification.

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 _____

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 _____