



**Parsons Christian Academy**  
**NEW STUDENT APPLICATION FOR ADMISSION**  
 2024-2025 School Year

**Please Attach the Following:**

- A recent picture
- Copy of Birth Certificate
- Copy of Child's Social Security Card
- Original Health & Immunization Records
- Copy of most recent Report Card

**For Office Use Only:**

Fees Paid \_\_\_\_\_  
 Transcript Request \_\_\_\_\_  
 Acceptance \_\_\_\_\_

**Student Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Male/Female(*circle one*) Primary Ethnicity: \_\_\_\_\_

Grade Applying for(*circle one*): k4 k5 1 2 3 4 5 6 7 8 9 10 11 12

Please list names and grades of any siblings who are/will be attending PCA:

Who has legal custody of the student?  Both Parents  Father  Mother  Other

With whom does the student live?  Both Parents  Father/Stepmother  Mother/Stepfather  
 Father Only  Mother Only  Other: \_\_\_\_\_

***Legal court documentation valid in Florida must be submitted with this paperwork if either parent is NOT allowed to have contact with the child.***

**Medical Information**

Please list any and all disabilities, limitations, medications and/or allergies:

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Hospital: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

***Parsons Christian Academy does not discriminate in student admissions on the basis of race, color, national or ethnic origin. As a private institution, the school reserves the privilege of setting and maintaining its own standards for student scholarship, conduct, dress, and appearance and maintains the right to deny admission to any student who fails to meet the basic admission requirements.***

**Father/Guardian Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Spouse's name if other than student's Mother: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Are you interested in volunteering? No \_\_\_\_ Yes \_\_\_\_

**Mother/Guardian Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Spouse's name if other than student's Father: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Are you interested in volunteering? No \_\_\_\_ Yes \_\_\_\_

Does your family attend church? No \_\_\_\_ Yes \_\_\_\_

If so, where?: \_\_\_\_\_

**Emergency/Pick-up Information**

*Please list at least TWO adults (friends, relatives, neighbors) that are authorized to remove your child from campus and mark those that should be used as an emergency contact if parents are unavailable.*

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency Contact? No \_\_\_ Yes \_\_\_ If yes, provide phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency Contact? No \_\_\_ Yes \_\_\_ If yes, provide phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency Contact? No \_\_\_ Yes \_\_\_ If yes, provide phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency Contact? No \_\_\_ Yes \_\_\_ If yes, provide phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency Contact? No \_\_\_ Yes \_\_\_ If yes, provide phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Student's School History**

Last school attended: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Was student previously enrolled at PCA? No \_\_\_ Yes \_\_\_

If no, reason for withdrawal from previous school: \_\_\_\_\_

Grade(s) attended at PCA: k4 k5 1 2 3 4 5 6 7 8 9 10 11

Why do you want your child to attend PCA? \_\_\_\_\_

Has student ever repeated a grade? No \_\_\_ Yes \_\_\_ Skipped a grade? No \_\_\_ Yes \_\_\_

Home Schooled? No \_\_\_ Yes \_\_\_

Explain: \_\_\_\_\_

Has student ever been expelled or suspended? No \_\_\_ Yes \_\_\_ Why? \_\_\_\_\_

Has the student had any type of special testing (Gifted, Learning Disability, ADD, ADHD, Dyslexia, ETC.)?

No \_\_\_ Yes \_\_\_ If yes, please describe, and include a copy of the latest evaluation report.

Does the family have outstanding debts with other schools? No \_\_\_ Yes \_\_\_, Where? \_\_\_\_\_

Does child have a state funded scholarship to apply towards tuition? No \_\_\_ Yes \_\_\_ If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

## **2024-2025 AGREEMENTS AND WAIVERS**

*Please read carefully before signing!*

### **Privacy Statement**

I understand that all information collected within this application is solely for use at Parsons Christian Academy and that PCA will not share or release this information in any form without the sole written release of the parent/guardian or the students once graduated.

### **Statement of Cooperation**

In making application for my child it is my desire to have him/her complete the 2024-2025 school year. I also give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from any liability to me or my child because of any injury to me or my child at school or during any school activity.

### **Medical Treatment Release**

In case of accident or serious injury, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician named in the student's medical information of this application and to follow their instructions. If it is impossible to contact the physician, the school may make whatever arrangements necessary and I will not hold the school financially liable for my child's care.

### **Financial Agreement**

I understand that the Registration fee is required for my child's enrollment in Parsons Christian Academy and is nonrefundable. I agree to pay the tuition for my child and that tuition is charged on an annual basis and can be paid in full or through 10 monthly installments. I also understand that should my account become delinquent, my child's enrollment may be terminated until the account is made current and the account will incur late charges.

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*Parent/Guardian Printed Name*

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*Parent/Guardian Printed Name*

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*Parent/Guardian Signature*

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*Parent/Guardian Signature*

## **2024-2025 IMMUNIZATION & HEALTH RECORD**

*Florida law requires that we must have on file, up-to-date Health and Immunization records signed by a licensed Florida physician showing current information of each child registered. Your physician has a supply of the Florida Department of Health medical forms.*

### **A. Physical (Health) Examinations**

The following students are required by Florida law to have a new physical examination:

1. All students transferring from another state or country.
2. All students entering school for the first time. The physical examination must have been completed within 12 months prior to entering school.
3. All students participating in organized sports (not PE, but team sports) must have an FHSAA sports physical after June 1 of the year of participation.

### **B. Immunization**

Florida law 232.032 requires that all students must provide the school with evidence that they have been immunized. It is important that specific dates be listed for each immunization. The following immunizations must be completed for all students:

1. 5 DPT (Diphtheria, Pertussis, Tetanus)
2. 4 Polio (IPV/OPV)
3. 2 MMR (Measles, Mumps, Rubella)
4. 3 Hepatitis B Vaccines
5. Varicella (chicken pox) Vaccine  
*Grades K4, 3rd-9th required to have one dose*  
*Grades K5-2nd required to have a 2nd dose*
6. HIB: Haemophilus influenzae type b- Required for all K4 and K5 children
7. Tetanus-Diphtheria Booster must be on record for all students in grades 7-12

### **C. School Requirements**

The above listed immunizations and physical examinations are required before a student may begin school.