



Parsons Christian Academy

NEW STUDENT RESERVATION FORM

2024-2025 School Year

Families must submit a reservation form for each child and a fee of \$150.00 per student with a maximum of \$250.00 per family to reserve placement for the 2024-2025 school year. **This fee is non refundable and is due when reservation form is received in office.** Reservation forms submitted prior to March 1, 2024, will receive a \$75.00 discount towards the registration fee of one child or \$125.00 discount for two or more children. **Families must fill out a reservation for each child.** As a reminder, Visa/MC/and Discover are accepted as well as cash/check.

Student's Name: _____ Upcoming Grade: _____ DOB: ___ / ___ / ___
Male/Female(circle one) SSN: ___ - ___ - ___

Student Background

Please list all schools previously attended along with year(s) attended:

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

Has student ever been suspended from a school? No ___ Yes ___

If so, which school? _____

Has student ever been expelled from a school? No ___ Yes ___

If so, which school? _____

Do you currently carry a balance in tuition from any previous school? No ___ Yes ___

If so, which school? _____

Does your child take any regular medications? No ___ Yes ___

If so, please list medications: _____

Is your child currently receiving a state funded scholarship? No ___ Yes ___

If so, please list which scholarship: _____

How did you hear about Parsons Christian Academy?

Does your family attend church? No ___ Yes ___

If so, where?: _____

Additional Information

Please Print

Mother's Name: _____ Phone: ____ - ____ - ____
Home Address: _____ Zip Code: _____

Place of Employment: _____ Phone: ____ - ____ - ____
Occupation: _____

DOB: ____ / ____ / ____ SSN: ____ - ____ - ____ Phone(*other*): ____ - ____ - ____
Email: _____ Driver's License#: _____

Father's Name: _____ Phone: ____ - ____ - ____
Home Address(*if different*): _____ Zip Code: _____

Place of Employment: _____ Phone: ____ - ____ - ____
Occupation: _____

DOB: ____ / ____ / ____ SSN: ____ - ____ - ____ Phone(*other*): ____ - ____ - ____
Email: _____ Driver's License#: _____

I acknowledge that this reservation form alone does not guarantee placement for the following school year. I am aware that all new students will be tested and a family interview may be conducted prior to admission.

Signature of Parent: _____ Date: ____ / ____ / ____

Office use Only

Received By: _____ Amnt. Paid: _____
Date of Receipt: ____ / ____ / ____