

Application for Enrolment

This application to the Pastor and the Head Teacher of Paragon Christian Academy is for the enrolment of the student named below and is for the Autumn Term of the 2016/17 school year. (Separate forms should be submitted for each individual applicant.) It is understood by the undersigned that an offer of a place at Paragon Christian Academy is subject to the completion of this Application for Enrolment and the successful completion of a personal interview with the Pastor, the Head Teacher, the prospective student and his or her parents or guardians.

Student Information

Student's Name: _____

Nationality: _____

Address: _____

Post Code: _____ Telephone: _____

Birth Date: _____ Male Female

School Last Attended: _____

Address: _____

Post Code: _____

Telephone: _____

Family Information

Father's Name: _____

Nationality: _____

Employment: _____

Position: _____

Business Phone: _____

Email Address: _____

Mother's Name: _____

Nationality: _____

Employment: _____

Position: _____

Business Phone: _____

Email Address: _____

Legal Guardian (where necessary): _____

Nationality: _____

Employment: _____

Position: _____

Business Phone: _____

Email Address: _____

Marital Status:

Married Unmarried Separated Divorced Widowed

Other Children in Family (if not also applying for admission)

Name: _____ Age: _____

Reason they are not applying if they are of school age:

How will your child travel to Paragon Christian Academy?

Who will pick your child up at the end of the school day?

First Contact in the event of an emergency:

Name: _____

Telephone: _____

Second Contact in the event of an emergency:

Name: _____

Telephone: _____

Religious Information

Church Attending: _____

Address: _____

Pastor: _____

Telephone: _____

Father Christian? Yes No

Mother Christian? Yes No

Has the child ever made a profession of faith in Christ? Yes No

Medical Information

Family Doctor: _____

Telephone: _____

Does your child have any medical condition(s) of which the school should be aware?

Yes No

If 'Yes', please give details: _____

Has your child had all the necessary immunisations? Yes No

If 'Yes', please give details: _____

As parent/guardian I/we agree to my/our child/children to be given non-prescription medicine (i.e. pain and fever relief or teething gel) if necessary.

Yes No

I/we will inform the school, if this is necessary and for what reason.

I/we also agree to PCA seeking any necessary emergency medical advice or treatment whilst my/our child is attending school.

Yes No

Parent/Guardian Signature: _____

Date: _____

Scholastic Information

(If you answer yes to any of the following questions,
please explain the circumstances in detail on another sheet)

Has child ever been expelled, dismissed, suspended, or refused admission to another school?

Yes No

Has child ever had disciplinary difficulties?

Yes No

Has child ever been in trouble with law enforcement authorities?

Yes No

Has child ever used tobacco or drugs of any kind?

Yes No

Please indicate academic level of pupil's previous work:

Excellent Good Average Poor

If 'Poor', please give details:

General Information

How did you hear about Paragon Christian Academy?

Reason for selecting this school:

If your child is accepted for admission to Paragon Christian Academy, you as the parents will be expected to participate in a Parents Orientation Day in which you will work through a set of PACE's to orientate yourselves to the learning process that your child will be embarking upon through the Accelerated Christian Education system in use at Paragon Christian Academy. Could you please circle the day of the week that you would most likely be able to attend such a daylong session:

Mon Tue Wed Thu Fri Sat

Parent's Signatures:

Mother: _____ **Date:** _____

Father: _____ **Date:** _____

Interview Comments (for Staff Members only):

Date

Birth Certificate Checked		
Passport Checked		
Baptismal Certificate Checked		
Previous School File Requested		