

Plaza Heights Christian Academy

1500 SW Clark Road
Blue Springs, Missouri 64015
Phone (816) 228-0670
Fax (816) 229-4092

STUDENT APPLICATION FOR ADMISSION 2018-2019 School Year

(TO BE COMPLETED BY PARENT OR GUARDIAN)

Student's Name _____



Mission Statement: *Plaza Heights Christian Academy exists to; partner with Christian families, provide a quality Christ-centered education, prepare students to meet life's challenges with a Biblical worldview.*

Since God's love extends equally to all people, Plaza Heights Christian Academy welcomes and encourages all children regardless of sex, race, color, nationality, or ethnic origin to apply for admission, financial aid, and any/all programs of the school and does not discriminate on the basis of sex, race, color, nationality, or ethnic origin in the administration of any program of the school.

This application must be completed in full, signed, and submitted before your child will be considered for admission. The one-time non-refundable application fee of \$150.00 must also accompany this form. Approved applicants will be enrolled in the order in which their applications are received.

GENERAL STUDENT INFORMATION

Student Name:

_____ Last First Middle

Home Address:

_____ Street City, State Zip Code

Preferred Name: _____ DOB: ___/___/___ Boy___ Girl___
Age___

Application Date: _____ Has child made a profession of faith? Yes___ No___

To be eligible for enrollment, students entering kindergarten should be five by August 1st; students entering first grade should be six by August 1st. Students applying for kindergarten and first grade must attach a copy of their state certified birth certificate with this application.

Applying for Grade: ___ Half Day__ Full Day__ (kindergarten only) Will require Before/After Care: AM___ PM___
Both___

Plaza Heights Christian Academy is often asked for aggregate data by various agencies, including the federal government, accrediting associations, and colleges/universities for grants and research. In order to respond to these requests, we ask that you answer the following questions:

Please select one or more of the following racial categories to describe your child:
___ African American ___ Asian ___ Caucasian (White) ___ Hispanic ___ Native American ___ Other_____ -

Within what public school district do you reside? _____

Based upon your residence, what public school building would your child be required to attend **if** they were going to a public school?

PARENT/GUARDIAN INFORMATION

Parents are (please circle one): Married Divorced Separated Single Widowed

Student lives with (please circle one): Parents Mother Father Other _____

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Company: _____ Company: _____

Business Phone: _____ Business Phone: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Cell Phone Carrier: _____ Carrier: _____

E-mail address _____ E-mail address: _____

Church Membership: yes___ no___ Church Membership: yes___ no___

Name of Church: _____ Name of Church: _____

STUDENT ACADEMIC HISTORY

Name and address of school(s) student has attended:

Current School	City	State	Zip Code	Attended grades: From: To:
Previous School(s)	City	State	Zip Code	Attended grades: From: To:
	City	State	Zip Code	Attended grades: From: To:
	City	State	Zip Code	Attended grades: From: To:

Has this student ever repeated or been held back a grade? yes_____ no_____ If yes, which grade?_____

If yes, please give the name of the school and the details: _____

Has this student ever skipped a grade? yes_____ no_____ If yes, which grade?_____

If yes, please give the name of the school and the details: _____

Has this student ever been tested or received special help for a reading or learning difficulty? yes_____ no_____

If yes, please summarize the results or include a copy of the report: _____

Has this student ever been evaluated for emotional or behavioral problems? yes_____ no_____

If yes, please summarize the results or include a copy of the report: _____

Has this student ever been suspended, expelled, or asked to withdraw from another school? yes_____ no_____

If yes, please give the name of the school and the details: _____

Does this student regularly require any medication? yes_____ no_____

If yes, please explain: _____

At what level of academic performance do you feel this student has achieved in the last year or so?

High_____ Above Average_____ Average_____ Below Average_____

In your opinion, at what level of academic performance do you feel this student should be achieving?

High_____ Above Average_____ Average_____ Below Average_____

Why do you want your child to attend Plaza Heights Christian Academy? What expectations do you have of your child as a student here? What expectations do you have for the school and the staff?

What specific things must occur for you to feel your expectations of your child and the school have been met?

In order of importance, list what you consider to be the three most vital aspects of your child's education. Be specific:

Through what grade do you plan to send your child to PHCA? _____

How did you hear about Plaza Heights Christian Academy? _____

Other Children:

NAME	AGE	SEX	RELATIONSHIP

By signing below, we the parents/guardians of this student affirm that we have given completely truthful information herein; that we have received, read, understand, and will abide by the policies of Plaza Heights Christian Academy, should our child be admitted for enrollment.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____
