

# Plaza Heights Christian Academy

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

## STUDENT APPLICATION FOR ADMISSION 2017-2018 School Year

*(TO BE COMPLETED BY PARENT OR GUARDIAN)*

**Student's Name** \_\_\_\_\_



**Mission Statement:** *Plaza Heights Christian Academy exists as a ministry of Plaza Heights Baptist Church 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.

### *Office Use Only*

Date Received \_\_\_\_\_ Application Fee Paid \_\_\_\_\_ Sibling of Current Student \_\_\_\_\_ Member of PHBC \_\_\_\_\_  
Check # \_\_\_\_\_

# Plaza Heights Christian Academy

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

*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	Birthday	Grade	School Attending

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 \_\_\_\_\_