

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 Application Received _____ Sibling of Current Student _____ Member of PHBC _____

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Please print neatly. This application must be completed in full, signed, and submitted before your child will be considered for admission. Approved applicants will be enrolled in the order in which their applications were 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: _____ Cell Phone Carrier: _____

E-mail address: _____ E-mail address: _____

E-mail address: _____ E-mail address: _____

Church Membership: yes ___ no ___ Church Membership: yes ___ no ___

Name of Church: _____ Name of Church: _____