



215 Forest Hills Street, Jamaica Plain, MA 02130  
 Phone: 617-522-1841, Fax: 617-524-9583  
[admissions@parksideca.org](mailto:admissions@parksideca.org); [www.parksideca.org](http://www.parksideca.org)

Applications can also be submitted online at [www.parksideca.org](http://www.parksideca.org).

## 2010-2011 APPLICATION

### Student Information

Applying for Grade: \_\_\_\_\_

Preschool:  FT (5-day)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Male  Female

Nickname: \_\_\_\_\_ Student's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ethnic Background: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Previous School/Location: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Sibling(s) Name	Age	Applying to PCA?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does your child have any unique learning needs/abilities that we should be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

Has your child been retained in any grade? If yes, please give the grade(s) and explanation:

\_\_\_\_\_

\_\_\_\_\_

How did you hear about PCA?

- PCA Parent       PCA Staff       Website       General Reputation  
 Alumnus/a of PCA       Pastor       Newspaper       Other \_\_\_\_\_

Why do you wish to have your child educated at PCA? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you interested in learning more about PCA's Summer Enrichment Program?  Yes  No

<b>Office Use:</b>	Start Date: _____	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	CC <input type="checkbox"/>	Date Paid: _____
	Registration Fee Paid <input type="checkbox"/>	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	CC <input type="checkbox"/>	Date Paid: _____
	Deposit Paid <input type="checkbox"/>	Interview <input type="checkbox"/>			
	Tour <input type="checkbox"/>	Immunizations <input type="checkbox"/>			
	Reference Form <input type="checkbox"/>				

Please sign and date all applications for multiple children.

### Parent or Guardian Information

Last Name: _____		First Name: _____	
Relationship to Student: _____			
Address: _____			
_____			
Home Phone: _____		Cell Phone: _____	
Email: _____			
Place of Employment _____			
Occupation: _____		Work Phone: _____	

Last Name: _____		First Name: _____	
Relationship to Student: _____			
Address: _____			
_____			
Home Phone: _____		Cell Phone: _____	
Email: _____			
Place of Employment _____			
Occupation: _____		Work Phone: _____	

Marital Status of Parents/Guardians:  Married  Single  Divorced  Separated  Widowed

Applicant lives with:  Both Parents  Mother  Father  Other \_\_\_\_\_

Place of Worship/Denomination: \_\_\_\_\_

Will you be applying for financial aid?  Yes  No

*I understand that this application and all other relevant information will be considered by the Admissions Committee when such material is complete. I grant Parkside Christian Academy permission to request and receive confidential information regarding my child. I understand that this confidential information will be used solely as part of the admission process and will not be made part of my child's permanent record.*

Date of this application: \_\_\_\_\_ Signature: \_\_\_\_\_

*This application must be signed and accompanied by a \$45 non-refundable fee per family. Parkside Christian Academy welcomes all children regardless of race, handicap, color, religion, national and ethnic origin in administering educational policies, financial aid, or any other School-administered program.*