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[admissions@parksideca.org](mailto:admissions@parksideca.org); [www.parksideca.org](http://www.parksideca.org)

You can also fill out this form online  
 by logging into your RENWEB  
 account!!

## 2010-2011 RE-ENROLLMENT FORM

Are you planning for your child to return in 2010-2011?  Yes  No

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

If your child will not be returning to Parkside, please explain: \_\_\_\_\_

*If no, please only fill out the last name and first name of your child and return this form to the Main Office. It will help with our planning process for next year. Thank you!*

### Student Information

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

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

Sibling(s) Name	Age	Applying/Returning to PCA/CFA?	
_____		<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

Has your child had any recent testing regarding their health or learning needs that we should be aware of?  Yes  No

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

What is your primary reason(s) for re-enrolling your child at PCA?

- Quality of education   
  Quality of Staff   
  Cost   
  Location  
 Other Parents   
  Christian Education   
  Other \_\_\_\_\_

How can PCA improve going into this new academic year? \_\_\_\_\_

Are you interested in enrolling your child(ren) in PCA's Summer Enrichment Program?  Yes  No

<b>Office Use:</b>	Start Date: _____				
	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"/>	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	CC <input type="checkbox"/>	Date Paid: _____
	Immunizations <input type="checkbox"/>				

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**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 (if received after March 15, 2010). Parkside Christian Academy welcomes all children regardless of race, handicap, color, religion, gender, national and ethnic origin.*