

Pine Castle Christian Academy

Application for Admission



Established 1983

Pine Castle Christian Academy • 7101 Lake Ellenor Dr. • Orlando, FL 32809
www.PCCAeagles.org

Application Process

Submit Application

All forms included in this packet must be completed and returned to the admissions office in order for the applicant to be considered. Please refer to the application checklist on the front cover.

Teacher references should be submitted to the student's current teacher at the time the application is submitted to PCCA Admissions. The teacher will complete and mail the form back to PCCA.

Testing, Interview, and Consideration

- All students will be scheduled for an interview and admissions exam.
 - Lower School applicants (PreK through grade 5) will meet with the Elementary Principal for an individual interview and testing appointment. The Elementary Office will call your family to schedule this appointment upon receipt of the application.
 - Middle and High School applicants will be contacted to schedule their individual interview appointment and their admissions test date upon receipt of the application.

- Students applying for Discovery, students on the McKay Scholarship, and International students will require additional testing/assessments at additional charges. You will be contacted by the appropriate department for the scheduling of those tests.

- The Admissions Committee will prayerfully consider the complete application and make an admission decision. Pine Castle Christian Academy does not discriminate on the basis of race, color or nationality for admissions or in the administration of any school programs

- Notification of the student's status will be given by mail.

Final Step: Enrollment

Upon Acceptance to Pine Castle Christian Academy, you may secure the applicant's spot by completing following within 2 weeks of the acceptance letter*:

- Signed Tuition Contract returned to the financial office.
- Enrollment Fee of \$325.00 (is returned with the contract)
- International Student Fee \$300.00 (Applies to International Student requiring an I-20)
- Immunization Record on doctor's HRS-680 form (blue form)
- Proof of physical on doctor's HRS-3040 form (yellow). The physical must be dated within the last twelve months of the application date.

*If no action is taken, the position may be offered to another applicant

Student Application For Admission

School Year _____

Grade _____

Discovery Program Candidate (1-8) _____ Learning Strategies Candidate (6-12) _____

Student Information

Last Name

First Name

Middle Name

*** Name as is appears on birth certificate ***

" _____ "

Preferred Name/Nickname

Social Security Number _____ Date of Birth ____/____/____

Male/Female (circle one)

Age: _____

Birthplace (city & state): _____

US Citizen: Yes/No

Ethnicity (circle one)

African American

Asian

Caucasian

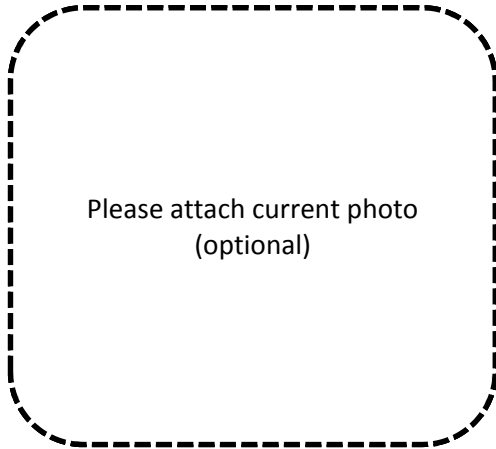
Hispanic

American Indian

Multi-racial

Middle Eastern

Other _____



For Office Use Only:

Checklist:

Date Received _____

App Fee _____

Database Entry _____

Test Date _____

Birth Certificate _____

Math Tchr Ref _____

Eng. Tchr Ref _____

Report Card Copy _____

Family Information (please print clearly)

Parent(s) at child's primary residence	Parent(s) at child's secondary residence (if applicable)
Father/Stepfather (circle) Name: _____	Father/Stepfather (circle) Name: _____
Mother/Stepmother (circle) Name: _____	Mother/Stepmother (circle) Name: _____
Address: _____ City/State/Zip: _____ Home Phone: _____ Primary E-Mail: _____ Father Cell Phone: _____ Mother Cell Phone: _____	Address: _____ City/State/Zip: _____ Home Phone: _____ Primary E-Mail: _____ Father Cell Phone: _____ Mother Cell Phone: _____
Father/Stepfather's Employer: _____ Occupation: _____ Work Address: _____ City/State/Zip: _____ Work Phone: _____ Work E-Mail: _____	Father/Stepfather's Employer: _____ Occupation: _____ Work Address: _____ City/State/Zip: _____ Work Phone: _____ Work E-Mail: _____
Mother/Stepmother's Employer: _____ Occupation: _____ Work Address: _____ City/State/Zip: _____ Work Phone: _____ Work E-Mail: _____	Mother/Stepmother's Employer: _____ Occupation: _____ Work Address: _____ City/State/Zip: _____ Work Phone: _____ Work E-Mail: _____

Marital Status: Married Divorced Single Widow

If divorced, do parents share custody? Yes / No

(If yes, all address & phone information for both parents must be included above.)

If divorced, and share custody, do both parents approve of this application being submitted? Yes / No

Legal documentation is required to support custodial conditions.

Approximate Family Income: (circle one)

under \$25,000 \$25,000-\$50,000 \$50,000-\$75,000 \$75,000-\$100,000 over \$100,000

Are you applying for admission for all of your school-age children? () Yes () No If not, why?

Who may we thank for referring you? _____

Grandparents: (Information is for Grandparent's Day and appropriate mailings)

Paternal Grandparent Information	Maternal Grandparent Information
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Home Phone: _____	Home Phone: _____
E-Mail: _____	E-Mail: _____

Family Information, Continued

Required for all applicants

Family attends what church? _____

Church Members? _____ Denomination _____

Pastor's Name _____ Church Phone _____

How often does the applicant attend Sunday School? _____

How often does the applicant attend a worship service? _____

Is the applicant involved in any other activities at church? (youth group, missions, etc.) _____

Testimony of Personal Christian Experience and Faith

Father:

Mother:

Miscellaneous Student/Family Information

Other than you, who has the authority to pick up your child from school? Please list name, phone, & relationship.

Name _____ *Phone* _____ *Relationship* _____

Name _____ *Phone* _____ *Relationship* _____

Name _____ *Phone* _____ *Relationship* _____

PCCA Family Directory Listing Permission

Each year, a PCCA on-line school directory is available to all PCCA families. A login ID & password is required to view this information. This will include student name, family name, address, phone number and e-mail address. Please circle yes if you would like to participate, or no, if not. If no preference is indicated, your family will be included.

Yes / No

FAMILY AFFIRMATION AGREEMENT

I pledge my full support to the stated aims and policies of Pine Castle Christian Academy by agreeing to the following:

Acceptance: The Academy has the right to dismiss a student who is out of harmony with the goals and ideals of the work and life of PCCA. I understand that all newly accepted students are admitted on probationary status for 180 days.

Enrollment: I understand the Application, Enrollment and International Student Fees are non-refundable.

Fees: I agree to pay all fees as contracted for services rendered and in accordance with the policies and schedules set up prior to admission acceptance. All costs and fees incurred by PCCA to collect delinquent fees will be added to the account and are the parents' responsibility.

Activities: I will attend special Academy functions regularly and will assist in Academy programs and functions, as I am able.

Field Trips: My child may participate in all Academy-authorized functions and field trips.

Transportation: I give permission to my child to use authorized Academy transportation, including approved parental drivers, to and from sponsored activities.

Criticism: I will promptly address any criticism I have of the administration, staff, or policies of PCCA directly to the teacher, principals, administrator, or Academy Board, in that order, rather than in front of my child or among other parents in public, and I commit to following Matthew 18 principles for Biblical resolution of any problems.

Hold Harmless: I agree to hold the Academy and its agents harmless for the liability of my child or a guardian or parent thereof, because of any claims on behalf of my child, against the Academy, or any agent thereof on my child's behalf, if the Academy is found not at fault. I agree to pay any and all attorney's fees, court fees, lost employment time, or other costs that are incurred to defend itself against such action.

Communication: I recognize my responsibility to maintain close communication with my child's teacher by attending called conferences, by following through on any homework, assignments, or papers to be signed, and by seeking the teacher's opinion when there is a question about my child's behavior or progress at school.

Attendance: I will support the educational program at PCCA by seeing that my child attends school regularly, arriving on time and being picked up promptly after school, and by sending written excuses for tardiness or absence. I further realize that PCCA is not responsible for supervising my child after school unless I have enrolled my child in the Extended Care program or have called to notify the Academy that I am running late.

Changes: I will notify the Academy of changes in residences, employment, or phone numbers by updating my 24/7 Family Profile with the new information immediately.

Damage: Campus property or personal property destroyed, damaged, or lost will be replaced or repaired immediately, the cost born by the parent.

Testing: I understand and agree to substance abuse testing upon the school's request for my child and will cover all costs associated with such testing and will comply with completing the test within a 24-hour window of the request being made.

Effective: This statement is in effect until updated or for as long as my child attends PCCA.

STATEMENT OF FAITH

1. We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God (2 Tim. 3:15-16, 2 Peter 1:20-21).
2. We believe there is one God, eternally existent in three persons: Father, Son, and Holy Spirit (Gen. 1:1, Matt. 28:19, John 10:30).
3. We believe in the deity of Christ (John 10:33); His virgin birth (Is. 7:14, Matt. 1: 23, Luke 1:34-35); His sinless life (Heb. 4:15, Heb. 7:26); His miracles (John 2:11); His vicarious and atoning death (1 Cor. 15:3, Eph. 1:7, Heb. 2:9); His resurrection (John 11:25, 1 Cor. 15:4); His ascension to the right hand of the Father (Mark 16:19); and His personal return in power and glory (Acts 1:11, Rev. 19:11).
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation, because of the exceeding sinfulness of human nature; that men are justified on the single ground of faith in the shed blood of Christ; and that only by God's grace and through faith alone are we saved (John 3:16, John 5:24, Rom. 3:23, Rom. 5:8-9, Eph. 2:8-10, Titus 3:5).
5. We believe in the resurrection of both the saved and the lost – the saved unto the resurrection of life, and the lost unto the resurrection of damnation (John 5:28-29).
6. We believe in the spiritual unity of believers in our Lord Jesus Christ (Rom. 8:9, 1 Cor. 12:12-13, Gal. 3:26-28).
7. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life (Rom. 8:13-14, 1 Cor. 3:16, 1 Cor. 6:19-20, Eph. 4:30, Eph. 5:18).

PLEDGE OF SUPPORT

Pine Castle Christian Academy must maintain an orderly and disciplined learning environment at all times to fulfill its mission. PCCA does not claim to be able to meet the educational needs of children who cannot adjust to the disciplined academic setting of the school. We will make every effort to accept and teach students as individuals; however, students who violate the policies and decisions of the staff and administration are liable to disciplinary action. The school reserves the right to have full discretion in administering such action, which may be in the form of a reprimand, loss of privileges, detention, suspension, or dismissal. Parents will be informed in cases of disciplinary action.

We believe the Bible places the ultimate responsibility for the training and disciplining of a child with the parent. To create a harmonious and orderly learning situation at the school, we must have the full cooperation of parents in all academic and disciplinary initiatives.

Our attitude of discipline focuses on encouraging, training, and administering discipline through positive reinforcement of good behavior and immediate, firm action in the event of unacceptable behavior. The goal of this command is love, which comes from a pure heart and a good conscience and a sincere faith (1 Tim. 1:5). The Bible teaches respect for authority (Rom 13:1-7, Heb. 13:17) and requires discipline for children (Prov. 6:23; 13:24; 29:15-17). Additionally, good character is developed through firm, fair, and consistent discipline.

STUDENT AGREEMENT OF CONDUCT

Pine Castle Christian Academy is a Christian School that is a ministry of Pine Castle United Methodist Church in Orlando. It is our mission to inspire and equip our students to be Christian leaders. Every action and policy of the Academy and its personnel is directed toward this end, and your commitment to the following standards will ensure your success at PCCA.

- 1. I agree to strive for excellence in all that I do and say.
2. I agree to obey the Bible in speech and conduct.
3. I agree to respect and cooperate with those in authority at the school.
4. I agree to avoid alcohol, drugs, and tobacco.
5. I agree to avoid cursing, sexual immorality, witchcraft, dissension, and cheating. These and other specific acts and attitudes that Pine Castle Christian Academy prohibits are cited in Galatians 5:19-21.
6. I agree to follow the dress code that has been set by the school.
7. I agree to submit to the discipline policy of the school.
8. I understand that once I enroll at PCCA, I am part of the Pine Castle Christian Academy family wherever I am. Therefore, I agree to avoid behavior both on and off campus that would dishonor Jesus Christ, the school, the church, my family, and me.
9. I understand that I can be held accountable by the school for any negative behavior, both on and off campus, at any time during the entire calendar year.
10. I understand and agree to substance abuse testing upon the school's request and will complete the testing within a 24-hour window of the request being made.
11. I understand that this Agreement of Conduct is in effect until updated or for as long as I attend PCCA.

INTERNET ACCEPTABLE USE POLICY

The Internet user is held responsible for his/her actions whenever using the Internet. Unacceptable use of the network will result in the suspension or revocation of these privileges. Some examples of unacceptable use follow:

- 1. Using the network for any illegal activity
2. Using the network for financial gain or initiating any financial transaction
3. Degrading or disrupting the equipment performance (Any security problems must be reported to the technology coordinator and not shared with other users.)
4. Vandalizing the data of another user
5. Wastefully using finite resources after being warned and instructed of proper use
6. Gaining unauthorized access to resources, which includes attempting to get around the censorware installed on a computer with Internet access
7. Invading the privacy of individuals, including reading mail that belongs to others without their permission
8. Using accounts owned by other users, with or without their permission

- 9. Posting personal communications without the author's consent or posting information not meaning to be made public.
10. Posting rude or inappropriate messages
11. Downloading viruses or attempting to circumvent virus protection programs
12. Violating the spirit of PCCA's Mission Statement

By signing this consent and waiver form, the student agrees to abide by these restrictions during his or her entire enrollment at PCCA. The student and parent (or guardian) must sign after they have discussed these rights and responsibilities together.

The Internet user and his/her parents must understand that he/she uses the Internet at his/her own risk. Considering the provisions above, PCCA cannot assume responsibility for

- 1. The reliability of the content of a source received by another user. (Student must evaluate and cite sources appropriately.)
2. Costs that the students incur if they request a product or service for a fee.
3. Any consequences of disruption in service that may result in a lack of resources. Though every effort will be made to ensure a reliable connection, there will be times when the Internet service is down or scheduled for use by teachers, classes, or students.
4. Guaranteeing privacy of mail. Though we support privacy of Email, users must not assume that this is guaranteed. The technology coordinator and the principal reserve the right to investigate possible misuse or to monitor any Email that comes through PCCA computers.

Students: I have read PCCA's Internet Acceptable Use Policy, and I agree to follow the rules contained in it. I understand that if I violate the rules, my privileges can be terminated, and I may face other disciplinary measures. I agree to use the Internet according to the code of ethics contained in the Acceptable Use Policy as long as I am enrolled at PCCA.

Parents: I have read PCCA's Internet Acceptable Use Policy and grant my child permission to access the Internet while a student at PCCA. I understand that the school's computer resources are designed for educational purposes. I also understand that there is unacceptable material on the Internet that might be accessed despite all precautions. I understand that my child will be held liable for all violations of the policy.

By signing below, we the parents/guardians and student affirm that we have received, read, understood, and will abide by the policies and agreements herein, namely: (1) the Family Affirmation Agreement, (2) the Student Agreement of Conduct, and (3) the Internet Acceptable Use Policy.
Student's Name (print) Grade Entering
Student's Signature (entering grade 2 and higher) Date
Father's Signature Date
Mother's Signature Date

Applicant's Academic Information:

Present Grade (or grade completed) _____ Former PCCA Student? () Yes () No
If a former student, for what grades? _____

Please list all schools, starting with the most recent, that the student has attended in the past 5 years and reason for changes.

Has your child ever been evaluated for academic, behavior, emotional or attention difficulties by a psychologist, school official or other professional? () Yes () No

If yes, please attach a copy of evaluation report(s) and results, including IEP's, to this application.

Please check as appropriate. The applicant:

- | | |
|---|---|
| <input type="checkbox"/> Has been enrolled in a gifted program | <input type="checkbox"/> Has an IEP (Include a copy) |
| <input type="checkbox"/> Has skipped a grade Grade _____ | <input type="checkbox"/> Has been enrolled in a learning disability program |
| <input type="checkbox"/> Has been enrolled in a Magnet program | <input type="checkbox"/> Has been brought before Juvenile Court |
| <input type="checkbox"/> Has been treated for drug or alcohol abuse | <input type="checkbox"/> Has ever been awarded the McKay Scholarship |
| <input type="checkbox"/> Has been suspended | <input type="checkbox"/> Has repeated a grade Grade _____ |
| | <input type="checkbox"/> Has been expelled |

Describe the applicant's health, including any factors (allergies, etc.) that could affect school performance, required physical education, and/or attendance. _____

What special interests, skills, and/or abilities does your child have? _____

What is your estimate of your child's intelligence?(circle one) Above Average Average Below Average

What is your child's reaction to possibly attending PCCA? _____

State briefly how you feel a PCCA education will benefit your child: _____

I am planning on my child attending PCCA until 12th grade graduation () Yes () No

If no, how long do you anticipate your child attending PCCA? _____

**** Note: Providing incorrect information or failing to disclose information requested below will result in the loss of this student's enrollment status**

Parent Signature

Date

Student Questionnaire

To be completed by students entering 6th - 12th grades.

Your answers to the following questions will assist the faculty and staff to ensure you are set up for success at PCCA.

Students Full Name _____

Nickname _____

1) Why do you want to attend Pine Castle Christian Academy? _____

2) Is the decision to attend PCCA:(circle one) Yours Parents Both

3) What did you like best about your previous school? _____

4) Are you a Christian? YES / NO How often do you attend church? _____

5) Are you involved in any youth group or church activities? If yes, please list.

6) Have you participated in extra curricular activities at previous school(s)? If yes, please list. _____

7) What extra curricular activities would you be interested in participating at PCCA? _____

8) What special talents or abilities do you have? _____

9) What is your favorite TV Show? _____

10) What is your favorite Music Group? _____

11) What is your favorite Book or Author? _____

12) Do you have a job after school? YES NO On Weekends? YES NO
If yes, where? _____

13) What 3 words would best describe you? _____

14) Have you ever served detention or other disciplinary measures? YES NO
If yes, please explain: _____

15) Have you ever been suspended or expelled from school? YES NO
If yes, please explain: _____

Pine Castle Christian Academy

Student Emergency Medical Form (For all applicants)

This form will accompany your child on all field trips and is used in case of emergencies. It is important to fill in all required fields, or put N/A if not applicable. Please note that side two must be notarized

Student's Name _____

Applying for Grade _____ Age _____ Date of Birth _____

Social Security Number (required) _____

Mother's Name _____ Daytime Phone _____

Cell _____ Other Phone _____

Father's Name _____ Daytime Phone _____

Cell _____ Other Phone _____

Legal Guardian _____ Daytime Phone _____

Cell _____ Other Phone _____

Siblings Attending PCCA _____

Physician _____ Office Phone _____

Dentist _____ Office Phone _____

Preferred Hospital (responding medical team will make final determination as to the appropriate facility)

In the event that you are unable to be reached, whom may we contact on your behalf to pick up your child from school or treat him or her medically?

Name _____ Relationship _____

Primary Day Phone _____ Alternate Phone _____

Name _____ Relationship _____

Primary Day Phone _____ Alternate Phone _____

Family insurance provider under which the student is covered _____

Policy Holder _____

Policy Number _____ Group Number _____

Indicate any allergies

Food _____

Medications _____

Medical conditions and/or history about your child (surgery, chronic conditions, etc.)

Routine Medications _____

If your child has a chronic medical condition or a condition that might lead to a potential emergency, please provide more detail in an attached letter.

**Pine Castle Christian Academy
Parent Permission Authorization Form (Must be notarized.)**

I. School Health Service Consent

I hereby give my consent for this child to participate in the School Health Services Program. This means my child will receive emergency care in school if needed and health appraisals at school, including screenings such as vision, hearing, and growth and development. In case of accident or illness, when treatment is not needed but when my child is unable to remain at school, I request the school to contact me. If I am unable to be reached, one of the persons listed on the reverse may be contacted to care for my child until I can be reached. In the event of a serious accident or illness, I request the school to contact me at the phone numbers listed. If the school is unable to reach me, I hereby authorize the school to contact the physician or dentist indicated and to follow his/her instructions. If it is impossible to contact the physician or dentist, the school may make whatever arrangements necessary to provide emergency care and treatment for my child. In the event of a life-threatening accident or illness, I understand that the school may contact the 911 emergency medical system immediately. I agree to be financially responsible for this child's care and treatment.

In the event of any emergency, we will access the 911 emergency system.

II. Permission to Transport Statement

I do hereby state that I am the parent or guardian of the child named on this form. In order to expedite care of this child, I hereby give my permission for the responding emergency team to immediately initiate treatment and transport this child to the preferred or appropriate medical facility, according to what they deem is indicated by the nature or extent of the injuries. I agree to be financially responsible for this child's treatment and transport. I will notify the school of any changes in this information in writing.

III. Permission to Treat Statement

I do hereby state that I am the parent or guardian of the child named on this form. In order to expedite care of this child, I give my permission for the appropriate medical staff to initiate treatment immediately upon arrival to the appropriate facility. I agree to be financially responsible for this child's treatment. I also request that I be notified of my child's condition and admission as soon as possible. If I am unable to be reached, I request that the admitting facility notify one of the persons listed on the reverse of my child's condition and admission.

IV. Student Likeness Waiver Agreement

I/We understand that my/our child's likeness may be photographed or videotaped by the school in the course of school activities. I/We consent for the school to use my/our child's likeness in promotional and/or advertising materials.



Student's Full Name _____ Grade Entering _____

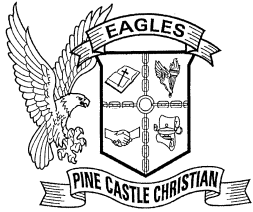
Parent's Signature _____

Parent's Name (print) _____ Date _____



Sworn to and subscribed before me this _____ day of _____, Year _____

Notary Public/State of Florida _____



STUDENT RECORD REQUEST

Date sent _____

(for office use only)

Parents:

Please complete the form (including your signature). The PCCA Registrar will send this form to your child's current school at the end of the academic year (or at the time of transfer if the student is transferring). The request for official records transfer will only be sent if your child's tuition contract has been received, hence indicating to us that you are enrolling for the coming school year. A request for preliminary copies of records, if needed during the admissions process, may also be made.

Student Name: _____

Current Grade _____ Date of Birth _____

Permission is granted to release my child's information as requested:

Parent signature _____
Print Parent Name

Name and address of last school attended (to be completed by parent):

Attention Registrar:

- Official Request** (all items) **Preliminary Copies** (checked items only)

Please release the following records:

- Previous and current grades/transcripts
- Grade averages upon withdrawal (if applicable)
- IQ and Achievement Test Scores
- Psychological and Educational Evaluations (if applicable)
- Health Records
- Attendance Records
- Accelerated Reader Records (if available)
- Discipline records
- Other Pertinent information

Send Originals To: PCCA Registrar
PO Box 590234
Orlando, FL 32859

FAX Copies to: 407-313-7226
Admissions Office
Questions: 407-313-7222

Note: If these records have been sent to another school, please forward this request appropriately.