

REMINDERS FOR RETURNING STUDENT APPLICANTS

1. Please attach the application fee to each application submitted. The application is not considered officially submitted until the application fee is paid.
2. Before submitting your application(s), please check to be sure that each section of the application has been completed and all necessary signatures have been affixed to pages 2 and 3.
3. Transportation: PCA will not forward transportation applications to the school districts (NJ) or include students' names on transportation rosters (PA) until we receive a completed PCA enrollment application.

Pennsylvania residents - The PCA Office will send rosters of students to the appropriate school districts.

New Jersey residents - An "Application for Transportation Benefits" is attached. Please complete (one per student) and return it to the PCA Office by March 1. This gives us time to submit it by the March state deadline. Any transportation application not received by the school district by the state deadline may automatically be denied and the pupil may not receive transportation or reimbursement for that upcoming school year. Please do not miss this deadline:

March 1 - due date to submit your NJ transportation benefits application  
- last date to submit your PCA reenrollment form with the lower fee

4. New Jersey residents: By law, we cannot submit the New Jersey transportation application unless your student is officially reenrolled in PCA. No student is officially reenrolled in PCA unless he/she has completed the PCA application process and actually paid registration fees.
5. Parents of students entering 6<sup>th</sup> grade, please note, in the attached Immunization Chart, the two immunizations that are now required.

**Office Use Only**

Interview: \_\_\_\_\_  
App. Recd: \_\_\_\_\_  
Fees Paid -- \_\_\_\_\_  
Regis Amt: \_\_\_\_\_ Chk# \_\_\_\_\_  
Tuit Amt: \_\_\_\_\_ Chk# \_\_\_\_\_  
Books Amt: \_\_\_\_\_ Chk# \_\_\_\_\_  
Accepted: Yes \_\_\_\_\_ No \_\_\_\_\_  
Status: Probation \_\_\_\_\_  
Regular \_\_\_\_\_  
Custody Certificate: \_\_\_\_\_

**Phillipsburg Christian Academy**

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Phillipsburg , NJ 08865-1913  
voice: 908-859-6464  
email: padmin@verizon.net  
[www.fellowshipch.org](http://www.fellowshipch.org)

Please attach a recent photo

**RETURNING STUDENT APPLICATION  
2010-2011 Academic Year**

PLEASE SUBMIT A SEPARATE FORM FOR EACH STUDENT

**Student's Name:** \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

**Grade Entering:** (Please circle one) EC4\* K\* 1 2 3 4 5 6 7 8

\*Please complete the chart at the bottom of this page.

Will need extended care: \_\_\_ a.m. \_\_\_ p.m. Approximate hours \_\_\_\_\_ Will normally not need extended care: \_\_\_\_\_

Present Age \_\_\_\_\_ Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_

Race: Asian/Pacific Islander \_\_\_\_\_; African American \_\_\_\_\_; Hispanic \_\_\_\_\_; Native American \_\_\_\_\_; White \_\_\_\_\_; Citizenship: \_\_\_\_\_  
(Requested only to satisfy IRS record keeping requirements)

Student's Mailing Address \_\_\_\_\_

Street/RD/Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's Home Address \_\_\_\_\_

Street/Road Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: Parent \_\_\_\_\_ Student \_\_\_\_\_

Do you have internet access at home? Yes \_\_\_\_\_ No \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Pastor \_\_\_\_\_

Please list names of all other children living at home:

Name	Sex	Age	School Attending	Grade There

Who has legal custody of this child? (Please list each one who does, including parents) Does a court document exist regarding this child's custody? Yes \_\_\_ No \_\_\_ **If so, please attach a copy.**

First & Last Name	Address	City	State	Zip	Phone

What relationship to the student \_\_\_\_\_

Parent/Guardian (circle one) with whom child lives \_\_\_\_\_

Relative to each other, child's biologic parents are: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Unmarried \_\_\_ Deceased - Father \_\_\_\_\_ Mother \_\_\_\_\_

Do you intend to make use of Public School Transportation Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

In what school district does your child reside? \_\_\_\_\_

Name of school your child would attend if in public school \_\_\_\_\_

Enclosed in this packet is a copy of our Doctrinal Statement, which is included in our Parent-Student Handbook.

The Handbook may be viewed in its entirety on our website at [www.fellowshipch.org](http://www.fellowshipch.org).

If you do not have internet access and would like a copy of our Handbook, please call our office at 908-859-6464. Thank you.

Kindergarten: All Day \_\_\_\_\_ AM Only \_\_\_\_\_

EC-4 year old: 5 days, all day \_\_\_\_\_ 5 days, 1/2 day \_\_\_\_\_  
3 days, all day \_\_\_\_\_  
please circle days - M T W Th F

**C O N F I D E N T I A L**

Name of Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_  
Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Student's SS #: \_\_\_\_\_

**EMERGENCY MEDICAL PROCEDURE**

In case of an EMERGENCY, our procedure will be to contact the parent or guardian at home or work. When this is not possible, the child may be taken to the hospital. Please make arrangements for proper care in case your child should meet with an accident or become too ill to remain in school at a time you are away from home and cannot come in person to pick up your child.

1. The school will attempt to contact you or the person you designate.
2. Please be sure the designated person has your hospitalization insurance numbers to assure prompt treatment in an emergency.
3. If your child is under Religious Exemption, please state below the procedure you wish taken for treatment of the above.
4. Is your child taking any medication? \_\_\_\_\_ If so, please describe \_\_\_\_\_
5. List any allergies your child has, including allergies to medicines. \_\_\_\_\_

6. Does your child have a chronic medical/health situation we should be aware of for his/her safety or the safety of others?  
If so, please explain: \_\_\_\_\_

Who is the person we should contact in case of any emergency regarding your child in the event you cannot be reached?

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Ophthalmologist \_\_\_\_\_ Phone \_\_\_\_\_

Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

***I hereby give my permission for the school nurse, Administrator(s) or his/her designated person to give first aid, and/or to obtain other medical treatment (s)he deems necessary for my child at my personal and/or insurer's expense.***

\_\_\_\_\_  
**Biologic Father's Signature**      **Home Phone**      Cell Phone      Occupation      Work Phone

Biologic Father's Employer      Work Address

\_\_\_\_\_  
**Biologic Mother's Signature**      Home Phone      Cell Phone      Occupation      Work Phone

Biologic Mother's Employer      Work Address

\_\_\_\_\_  
Guardian's or Step Parent's Signature      Home Phone      Cell Phone      Occupation      Work Phone

Guardian's or Step Parent's Employer      Work Address

\_\_\_\_\_  
Medical Insurance Company      Identification Number      Group Number

\_\_\_\_\_  
Address for claims purposes      Name of Group      Name of Policy Holder (insured person)

**NONDISCRIMINATION POLICY**

The Phillipsburg Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the Academy. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its education policies, scholarship and

## **Parental Statement of Agreement**

In making application for my child I understand and agree:

1. to cooperate fully with the discipline and dress code policies of Phillipsburg Christian Academy; to cooperate and support the administrative, educational, and financial policies of Phillipsburg Christian Academy (PCA), as outlined in the Parent-Student Handbook and school communications. I have read the Parent-Student Handbook;
2. to support the school in its activities; and that my child may be included in promotional activities and his/her picture may appear in yearbooks and promotional materials, including our web site;
3. I understand that PCA does not have a registered nurse on the premises at all times and that sick or injured students may be taken to a hospital emergency room accompanied by a staff member;
4. that I am responsible for the full annual tuition for my child(ren) (pro-rated for late entrants), even should my child(ren) not complete the school year, subject to exemptions as defined on the "Tuition and Fees Guidelines" sheet;
5. to faithfully meet my financial responsibilities for tuition, fees and other charges in a timely and complete manner. Accounts are subject to late fees so long as an account is in arrears. Monthly installments are due the first calendar day of the month;
6. that should legal action for any reason be taken by me or on behalf of my child(ren) against PCA, its employees or agents, and PCA be not found at fault, I shall bear the costs of all legal fees, damages and costs which may arise, and will resolve the dispute by means of mediation before born-again believers mutually chosen, rather than through action in a civil court. (Procedures for mediation are available in the Office);
7. to pray for my child, the staff, students and School Commission.
8. I understand the philosophy of education and doctrinal position of PCA and agree to have my child instructed accordingly.

\_\_\_\_\_  
Signature of Father/Male Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother/Female Guardian

\_\_\_\_\_  
Date

**Thank you so much for taking the time to apply. We look forward to serving you. If you have any questions or we can be of help, please do not hesitate to call. May God bless you and your family as you study with us.**

