

PARKHILL CHRISTIAN ACADEMY

4235 Parkhill Pl
P.O. Box 8147
Pueblo, CO 81008
719-544-6174



ADMISSION 2024-2025

NEW ENROLLMENT FEE PAID (\$100) DATE PAID _____

STUDENT INFORMATION

Full Legal Name _____ Date of Birth _____ Age _____ Gender _____ Entering Grade _____

Home Address _____ City _____ State _____ Zip _____ Phone _____

Social Security Number _____

Notice of Nondiscriminatory Policy Respective to Students

The Parkhill Christian Academy admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, and national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. Parkhill Christian Academy is exempt under the Americans with Disabilities Act where it applies to student admission because the school does not receive direct federal funding.

Parent or Guardian Signature _____

FAMILY INFORMATION

Father/Guardian First Middle Last Home Phone

Address Work Phone Cell Phone Email

Mother/Guardian First Middle Last Home Phone

Address Work Phone Cell Phone Email

Child at Home Name Age

Child at Home Name Age

**ADMISSIONS 2024 – 2025
NEW ENROLLMENT
EDUCATIONAL INFORMATION**



1. School Last Attended _____ Address _____ Grade _____ Phone _____
2. Has student ever had disciplinary action, suspension, expulsion, or refusal of admission for behavioral reasons? Y N
3. If yes, please explain _____
4. Has student received testing or been diagnosed as having a learning disability? Y N
5. If yes, please explain and provide and copies of test results. _____
6. Has student ever repeated a grade? Y N
7. If yes, please explain _____

**NEW ENROLLMENT
BACKGROUND INFORMATION**

1. How did you hear about PCA? _____
2. Please state reason for applying at Parkhill Christian Academy. _____

3. Does your family attend church? If yes, Where? _____
4. Marital Status of parents/guardians? _____
5. Is there a court order regarding custodial care and educational decisions? Y N
6. If yes, provide court documentation. Please include birth certificate (for K4 and K5 only) and all custody or guardianship papers.

Tuition & Fees

ENROLLMENT FEE \$100.00

The \$100 NON-REFUNDABLE ENROLLMENT FEE PER STUDENT WILL BE DUE AT THE TIME OF ACCEPTANCE TO PCA.



TUITION FULL YEAR \$4,000.00

You may pay tuition in full in advance, or with a twelve-month tuition payment plan with FACTS Management.

ADDITIONAL FEES

GRADUATION FEE, K-5 \$50.00

SPORTS FEES \$150.00

Discounts and Scholarships are available. Please ask.

SCHOOL FINANCIAL POLICY

It is our desire to provide families a quality Christian Education at a reasonable cost. Because we depend on the faithfulness of our families to provide the greater part of our income through tuition and fees, we require each family to agree to the financial guidelines set up by the school.

Families will be responsible for all the fees applicable to their students. If monthly payments are not made within 60 days of the due date, the student will not be allowed back in school until arrangements have been made with the administrator. If the enrollment fee has been waived for pre-enrollment, the first month tuition amount is non-refundable.

There will be a \$25 fee for all returned checks.

Student _____ Grade _____

<i>Full Tuition</i>	\$ _____
<i>Discount/Scholarship</i>	\$ _____
<i>Net Tuition</i>	\$ _____
<i>Monthly Payment</i>	\$ _____

**Student Acceptable Use Policy for Technology
at Parkhill Christian Academy
USER AGREEMENT/Parent/Guardian Permission Form
Both Student and Parent/Guardian Signatures
Required**



Student Signature Section (3rd grade and up)

I have read the terms and conditions of the Student Acceptable Use Policy. I understand that technological resources are provided for educational purposes only. I agree to abide by the terms and conditions stated in the Student Acceptable Use Policy.

Additionally, I will be responsible for the consequences of inappropriate use of technology, including the Internet, both on and off school property. I understand that consequences may include revocation of privileges to access the Internet and/or other technological resources, suspension, expulsion, and possible legal action.

Student NAME
(PRINT) _____

Student
Signature _____ Date _____

Parent/Guardian Signature Section

As the parent or legal guardian of the student signing above, I have read this Student Acceptable Use Policy and grant permission for my child to access the Parkhill Christian Academy's information technology resources. I understand that my child will be held liable for violations of this agreement. I understand that Parkhill Christian Academy's information technology resources are intended for educational purposes. I also understand that my child's school may not be able to restrict access to all controversial materials, and I will not hold Parkhill Christian Academy responsible for materials acquired on the network.

Parent/Guardian Name
(print) _____

Parent/Guardian
Signature _____ Date _____



HEALTH INFORMATION

Student Name

Hospital/Clinic Preference:

Physician's Name:

Phone Number:

Insurance Company:

Policy Number:

Please give a brief history of any situation or illness of which the school should be aware, including allergies.

I give permission for my child to take part in all school activities including sports and sponsored trips away from the school premises and absolve the school from liability to me, or my child because of injury to my child at school or during school activity. In case of accident or serious illness I request the school to contact me, in my absence I herewith authorize the designated agent of **Parkhill Christian Academy** to give permission for emergency medical care by a qualified and licensed medical doctor. This authority is granted only after reasonable effort has been made to reach me. A reasonable effort shall be defined as two or more attempts to reach a legal guardian.

Parent/Guardian Signature _____

Date _____

Authorization to Administer Medication at School

If your student needs to take any prescription medication during school hours, please send a copy of the prescription along with directions for the medication.

All prescriptions need to be in the original container and clearly labeled with student's name.



Name of Student _____ DOB _____ Grade/Teacher _____

Phone _____

Physician: In my opinion, it is necessary to administer this medication during the school day.

Medication _____ Time of day to be given _____ Dosage _____

Purpose of medication _____

Possible side effects _____

*Physician, if prescribing an inhaler: This student has my permission to carry an inhaler on their person while at school. (Please initial) Yes_ NO__

Date _____ Signature of Physician _____

Parent: It is understood that medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by the school nurse or other delegate employed by Parkhill Christian Academy, the undersigned parent or guardian hereby agrees to release Parkhill Christian Academy and its personnel from any legal claim which they now have or may hereafter have arising out of side effects or other medical consequences of the medication to take the above prescription.

I hereby give permission for _____ at school as ordered. understand that it is my responsibility to furnish this medication and I will personally bring it to the school in its original, labeled container (instructions/ dosage on the container must match Physician's order). If the prescription is changed, a new form for parent consent and a new Physician's order must be completed before school staff can administer the new medication.

*Parent: please note that you must pick up medication at the end of the school year or it will be disposed of on the last day of school. Medication cannot be sent with the student but must be picked up by the parent/guardian. Medication remaining after the last day of school will be disposed of. If you check out your student before the last day of school, you must pick up your medication at 2 the time of checkout. Any remaining medication will be disposed of the next day after checking the student out.

Parent/Guardian Signature _____

Date _____

PARKHILL CHRISTIAN ACADEMY PICK UP CONSENT FORM

Child's Name _____ D.O.B. _____

PICK UP LIST (In order to be contacted in the case of an emergency)

We must have written authorization from you to allow another person to pick up your child. We cannot accept phone calls for pick-up authorization. It is our policy to request photo identification from anyone unfamiliar to us. *Please inform those on your pick-up list that we must have proper photo identification in order to release your child.*

I give permission for the following people to pick up my child from PCA in an emergency or when I notify the program:

1. Name _____ Physical Description _____

Address: _____ Relationship to Child _____

Home Phone # _____ Cell Phone # _____

Do you give permission for child to be released to this person? Yes _____ No _____

2. Name _____ Physical Description _____

Address: _____ Relationship to Child _____

Home Phone # _____ Cell Phone # _____

Do you give permission for child to be released to this person? Yes _____ No _____

3. Name _____ Physical Description _____

Address: _____ Relationship to Child _____

Home Phone # _____ Cell Phone # _____

Do you give permission for child to be released to this person? Yes _____ No _____

4. Name _____ Physical Description _____

Address: _____ Relationship to Child _____

Home Phone # _____ Cell Phone # _____

Do you give permission for child to be released to this person? Yes _____ No _____

5. Name _____ Physical Description _____

Address: _____ Relationship to Child _____

Home Phone # _____ Cell Phone # _____

Do you give permission for child to be released to this person? Yes _____ No _____

By signing below, I have read and understand the contents of this page.

Parent/Guardian

Signature _____ Date _____

Contact Phone No. _____

PHOTO RELEASE PERMISSION

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

_____ Yes, I give consent for Parkhill Christian Academy to photograph my child for school purposes and/or at school events.

_____ No, I do not authorize Parkhill Christian Academy to photograph my child for any event.

Parent Signature _____ Date _____

Student's Name _____

Signature _____ Date _____

STATEMENT OF STUDENT COOPERATION

Parkhill Christian Academy has high aspirations and expectations for each student that attends our school. Our students (grades 7-9) must annually read and agree to the following standards. Each statement below is biblically grounded and will focus the student toward success both in school, and in life after graduation. The faculty and staff of PCA desire to equip students to deal biblically and confidently with the unbelieving world, as well as prepare them to become contributing citizens of their countries.

- I recognize that it is a privilege for me to attend PCA and that the school reserves the right to dismiss any student who does not cooperate with the ideals and educational process of the school. (Ephesians 5:15-16)
- I will develop my spiritual life through activities such as church attendance, prayer, and Bible reading. (Proverbs 22:6)
- I will endeavor to maintain open communication with the teacher. I will be faithful to read and follow through with all correspondence sent from the teacher. (i.e., teacherease.com, e-mail, etc.) (Ephesians 4:3)
- I will cooperate fully with the school. I will be careful to support teachers, school and church policies in front of others. I will bring any and all questions or concerns directly to the appropriate staff member so they may be properly resolved with discretion. (Matthew 18:15)
- I will comply with the schools discipline plan and respect teachers' and administrators' authority in matters of discipline. I realize that after-school detention may be used for various offenses, including non-completion of work. (Proverbs 3:11-12)
- I will endeavor to attend school daily and be on time. [Proverbs 10:5]
- I agree to uphold and support high academic standards by studying at home and completing all assignments.
- I agree to pay reasonable assessments to cover any damage I cause to school property, or to personal property to others.
- I agree to attend school orientation and other school meetings related to my education.
- I agree to follow the PCA handbook and abide by the stated guidelines.
- I agree to forfeit the privilege to attending PCA should I fail to comply with the established regulations or discipline of Parkhill Christian Academy.
- I understand that I represent PCA on and off campus, and that my involvement in any inappropriate activity or behavior as outlined in the school handbook, will result in disciplinary action taken by the school.
- I agree to strive to treat other students, staff and PCA family members respectfully, and will refrain from mistreatment and harmful statements or physical threats against others. I understand this includes any unwanted verbal, written, text, online, or any other communication method. (Proverbs 3: 29-30)
- I agree to not participate in, support, or condone sexual immorality, homosexual activity, or bisexual activity. (Leviticus 20:13, Romans 1:27)

Student signature (grades 7- 9)

Date

STATEMENT OF PARENTAL COOPERATION

Parkhill Christian Academy is founded on the Biblical principle that ultimately parents, not the school, are responsible before God to train their children. Parents must understand that in order for their child to thrive in our program, we need their full support. The school is to be an extension of the Christian home, to reinforce moral and ethical standings in the light of God's Word.

go," do state that this training will be carried on in the home. We place our trust in Parkhill

- We, as parents who are accepting the challenge to "train up a child in the way he should go," do state that this training will be carried on at home. We place our trust in Parkhill Christian Academy to extend that training more completely. (Proverbs 22:6)
- We recognize that it is a privilege for our child to attend this school and that the school reserves that right to dismiss any student who does not cooperate with the ideals and educational process of the school. (Ephesians 5:15-16)
- We will provide spiritual guidance through activities such as church attendance, prayer, and Bible reading. (Proverbs 22:6)
- We realize that building a strong relationship with our child's teacher to aid in the training of our child is as much our responsibility as it is the school's responsibility. We will maintain open communication with the teacher, and be faithful to read and follow through with all correspondence sent from the teacher (i.e. Teacher ease, e-mail, etc.).(Ephesians 4:3)
- We will cooperate fully with the school and be careful to support teachers, school and church policies in front of our children and others. We will bring any and all questions and criticisms directly to the appropriate staff member so that they may be properly resolved with discretion. (Matthew 18:15)
- We will support that school's discipline plan and we understand after-school detention may be used for various offenses, including non-completion of work. (Proverbs 3:11-12)
- We will endeavor to make sure that our child attends school daily and is on time. (Proverbs 13:4)
- We will maintain primary health insurance for our child during that school year.
- We give permission for our child to take part in all school-related activities
- We agree to uphold and support high academic standards by providing a place at home to encourage the completion of homework assignments.
- We agree to pay reasonable assessments to cover any damage to school property, or to the personal property of others, caused by our child(ren).
- We agree to attend school orientation and other meetings for our child.
- We agree to follow the PCA handbook and abide by the stated guidelines.
- We agree to forfeit the privilege of our child[ren] attending school should we fail to comply with the established regulations, discipline, and financial obligation of PCA.
- We agree our child[ren] should strive to treat other students, staff and PCA family members respectfully, refraining from mistreatment and harmful statements or physical threats against others, including any unwanted verbal, written, text, online, or any other communication method. (Proverbs 3: 29-30)
- We agree our child(ren) should not participate in, support, or condone sexual immorality, homosexual activity, or bisexual activity. (Leviticus 20:13 and Romans 1:27)

Parent/guardian signature

Date

Parent/guardian signature

Date