

Prentiss Christian School
P.O. Box 1287
Prentiss, MS 39474
STUDENT APPLICATION FORM

#WeArePC

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I. STUDENT INFORMATION

Name _____ DOB _____ SS# _____ Applying for _____
Grade _____ Date _____

II. STUDENT'S EDUCATIONAL INFORMATION

List all schools attended including Kindergarten.

NAME OF SCHOOL CITY, STATE GRADES ATTENDED

Mailing address, phone number, and fax number of most recent school:

Year the student entered the 7th grade: _____

Year the student entered the 9th grade: _____

Please provide a copy of your transcript or last report card.

Has this student been retained in a grade? _____ If yes, which grade? _____

Give a brief explanation: _____

Has this student been suspended or expelled from a school? _____

Please describe the nature of any previous disciplinary problems, including any criminal or youth court proceedings (Attach)

Does this student have particular physical, mental, or emotional needs? (Attach)

Does this student have physical, mental, or emotional problems which requires

special medication? _____ If yes, please give a brief explanation:

For information only: Name of child's physician _____

Telephone number of physician's office _____

Briefly describe any special extra-curricular interests, hobbies, talents, or aptitudes. (Football, cheerleading, etc....)

III. PARENT INFORMATION

Did either parent graduate from Prentiss Christian? _____

Father _____ Year _____ Mother _____ Year _____ Maiden name _____

Father's name _____

Last

First

Middle

Mailing Address _____

City _____ State _____ Zip _____

Physical Address _____

City _____ State _____ Zip _____ County _____

Resident School District _____

E-mail Address _____ Home Telephone _____

Mobile Telephone _____ Business Telephone _____

Employer _____ Occupation _____

Mother's name _____

Last

First

Middle

Mailing Address _____

City _____ State _____ Zip _____

Physical Address _____

City _____ State _____ Zip _____ County _____

Resident School District _____

E-mail Address _____ Home Telephone _____

Mobile Telephone _____ Business Telephone _____

Employer _____ Occupation _____

Student lives with _____

Names of students requiring bus service: _____

Siblings:

<u>NAME</u>	<u>AGE</u>	<u>GRADE</u>	<u>SCHOOL</u>

Is your family new to PCS? YES NO

If your answer was YES, were you Sponsored? YES NO

If your answer was YES, Please give the name of your sponsor _____
and please obtain and fill out a Family Sponsorship Application to be turned in with this application.

A new family is defined as a family with one or more children, under the same roof, who are not enrolled at PCS currently or during the previous school year.

All new families, whether sponsored or not, will receive the first month's tuition **FREE!**

IV. TERMS AND CONDITIONS

- a. Information on current policies will be made available in the student handbook. School policies are subject to change. Policy changes will be announced by due notification.
- b. Applicants agree to abide by all school policies, rules and regulations, including provisions for dress codes and discipline. Prentiss Christian School has full discretion in the discipline of students while at the school, including paddling.

V. PARENT AGREEMENT

I hereby certify that I have read this Student Application Form, including the Terms and Conditions Section. I do agree to comply with the terms and conditions stated therein and furthermore accept the conditions and requirements of all other official policies and procedures of Prentiss Christian School, including the payment of all fees and charges according to the published schedule of the school.

Names of people (other than parents) with your permission to pick your child up from school and their relationship to you and your children. Please call the school if there are changes to this list:

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This application cannot be processed until the registration fee is paid in full and the application is signed by the parents of the applicant.

Parent/Guardian Signature _____ Date _____

Parent Signature _____ Date _____

Prentiss Christian School admits students of any race, color, national origin, and 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, national origin, and ethnic origin in administration of its educational policies, admission policies, and athletic and other school-administered programs.

School Office: 601-792-8549 or 601-792-4078

Fax: 601-792-2560

For Office Use Only:

Date & amount received: _____

Date family was contacted: _____

Date transcript received: _____

Date drug screen Passed: _____

Date application accepted or denied: _____

Revised 3/27/18