



PAMLICO CHRISTIAN ACADEMY

Physical Address:
11089 Hwy 55
Grantsboro, NC 28529
28529

Mailing Address:
PO Box 68
Grantsboro, NC 28529

Phone: 252-745-0463
Email: office@pamlicochristianacademy.org
Internet: http://www.pamlicochristianacademy.org

STUDENT APPLICATION FOR ADMISSION

Dear Parents: We welcome you to the admissions process for Pamlico Christian Academy. Please return this application to the office along with your application fee. In addition to this application, an interview with both parents and students will be required. Our goal is to bring together a cohesive student body which can best grow spiritually, socially and intellectually. Each applicant's academic potential, scholastic motivation, moral character and extracurricular interests will be taken into consideration.

Student Info

Applicant: _____
Last First Middle Name used

Male Female Date of birth: ____/____/____ Age: ____ yrs. ____ mos.

Current grade: _____

Applying for grade: _____ Preschool: _____ 5 Full Days _____ 5 Half Days
_____ 3 Full Days _____ 3 Half Days
_____ 2 Full Days _____ 2 Half Days

Name of parents or legal guardians: _____

Parents' marital status: _____

Present address: _____

STREET CITY STATE ZIP

HOME PHONE CELL PHONE EMAIL

Applicant lives with (check all that apply):

Father Stepfather Mother Stepmother Other(specify) _____

Parent Information

Father's occupation: _____

Employer: _____

Business address: _____

Phone: _____

Mother's occupation: _____

Employer: _____

Business address: _____

Phone: _____



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Family Info

Siblings:

NAME	AGE	SCHOOL ATTENDING
NAME	AGE	SCHOOL ATTENDING
NAME	AGE	SCHOOL ATTENDING

Do you plan to enroll any of the above at PCA? If so, when?

Name of relatives or friends, if any, now or previously at Pamlico Christian Academy:

Relative Friend: _____

Relative Friend: _____

Relative Friend: _____

Church Information

Family's church: _____

Pastor's name: _____ Phone: _____

Please check the appropriate boxes as they relate to the applicant:

Attends church regularly Belongs to church youth group

Attends Sunday school Parents attend church regularly

Other: _____



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CURRENT SCHOOL INFORMATION

Pamlico Christian Academy applicant is attending or last attended:

NAME	SCHOOL DISTRICT			
ADDRESS	CITY	STATE	ZIP	PHONE

Teacher/counselor reference:

NAME	PHONE
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Has the applicant ever been dismissed from school or repeated a grade?

Yes No If yes, please explain.

Has the applicant ever been tested or received special help for reading or learning difficulty?

Yes No If yes, please provide additional information.

Has the student ever been diagnosed for or enrolled in any special education program or special school (e.g., resource room, L.D. placement, attention deficit, etc.)?

Yes No If yes, please explain.

Does the applicant regularly require any medication?

Yes No If yes, please explain.

Reference Information

References: Please list the names, addresses and phone numbers of individuals who know you and your family (pastors, church friends, or a PCA family). Please do not list relatives.

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____



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Other Enrollment Information

How did you first learn about Pamlico Christian Academy?

- Radio (which station _____) Minister/pastor _____
 Newspaper or magazine (which one _____)
 Internet/website Catalog on private schools Parents of other PCA students
 Other _____

Miscellaneous Information

Do you agree to have your children taught in accordance with the attached Statement of Faith?
Are there any points in it which are inconsistent with your convictions? If so, please explain.

Have you read the parent handbook? Yes No

Are there any points of philosophy or school policy which are inconsistent with your goals for your family? Yes No If so, please explain.

Why do you want your child to attend Pamlico Christian Academy?

How do you think parents should participate in the education of their children?

Pamlico Christian Academy is greatly helped by parents who enthusiastically serve as volunteers. Do you have any skills that could be of assistance?



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PARENTAL CONTRACT WITH PAMLICO CHRISTIAN ACADEMY

I, the undersigned, do hereby commit to the following:

1. That all the information provided on this application is true, to the best of my knowledge, and that I have not intentionally withheld or misrepresented any pertinent data.
2. To fulfill my financial obligations to Pamlico Christian Academy, namely:
 - a) I am responsible for timely payment of the full annual tuition and other fees due Pamlico Christian Academy.
 - b) In the event that I decide to withdraw or choose not to re-enroll my child in Pamlico Christian Academy, I will, for the school's benefit, inform the school office in writing concerning my reasons.
 - c) I am responsible for any and all damages my child may have made to school property.
3. I will fully support and abide by all Pamlico Christian Academy policies, including the school uniform policy. I affirm that I have read the Student-Parent Handbook in full.
4. I understand that Pamlico Christian Academy will employ the methods of discipline outlined in the discipline section of the Parent Student Handbook.
5. I will support school personnel, programs, policies, and activities with prayer and communication, and to serve as a volunteer in various capacities.
6. I will nurture habits of punctuality, thoroughness, neatness, honesty, resourcefulness, independent reading and study. I will also expect my child to complete all homework daily and to make sure all books and completed homework are returned to school the following day.
7. I will allow my child to be photographed or videotaped for promotional use (advertising, editorials, etc.) and/or training purposes to benefit PCA.
8. I will direct any grievances, concerns, or issues which I may have through the proper channels, according to the principles outlined in chapter eighteen of the gospel of Matthew as summarized below:
 - a) I agree that all persons are to deal with the situation at its source. This usually means initially speaking privately with the person involved in a constructive and supportive attempt to attain clarification and resolution.
 - b) If, after honest attempts have been made and clarification or resolution has not been satisfactorily reached, then I will proceed to the next level of authority. This generally means speaking with the principal/superintendent.
 - c) If satisfaction is not reached by this point, then I will proceed to the PCA School Board by bringing the matter to the Board's attention in writing.

I have read the above contract and agree to abide by it while my child is enrolled as a student at Pamlico Christian Academy.

(Signature) (Date)

(Joint Signature) (Date)



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EMERGENCY CONTACT LIST

Mom's Name: _____

Address: _____

Phone Numbers: Home _____ Work _____

Cell _____ Other _____

Notes (regarding schedules, etc.):

Dad's Name: _____

Address: _____

Phone Numbers: Home _____ Work _____

Cell _____ Other _____

Notes (regarding schedules, etc.):

Additional Emergency Contact Numbers:

Name: _____ Relationship to Child: _____

Phone Numbers: _____

Name: _____ Relationship to Child: _____

Phone Numbers: _____

Name: _____ Relationship to Child: _____

Phone Numbers: _____

Name: _____ Relationship to Child: _____

Phone Numbers: _____

Pediatrician's Name: _____

Address: _____

Phone Number: _____

Dentist's Name: _____

Address: _____

Phone Number: _____

School: _____

Teacher's Name: _____

Address: _____

Phone Number: _____



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PAMLICO CHRISTIAN ACADEMY MEDICAL INFORMATION FORM

Student: _____ DOB: _____ Grade: _____
Pediatrician: _____ Phone: _____

Medical Diagnosis/Conditions: _____
Allergies (Food, Environmental, Animals, Insects, etc.): _____

Drug Allergies: _____
Medication(s) taken at home:
Daily: _____
As needed: _____

Medication necessary at school: _____

Annual Medical Update:
Asthma: Mild Moderate Severe Exercise-induced
Inhaler needed at school: Yes No
Diabetes Seizure disorder Bleeding disorder Migraine head aches

Other Pertinent Information: _____

Consent for Medication

A fever reducing analgesic will ONLY be administered by the school for a fever of 102°F or greater when a parent cannot be reached.

Acetaminophen (generic/Tylenol, brand) Oral Chewable or Liquid elixer-*dosage by child's weight.*
24-35 lbs – 160mg, 36-47lbs – 240mg, 48-59lbs – 320mg, 60-100lbs – 480mg

I grant permission for the school to administer the above dosage of acetaminophen to my child in the event of a fever while at school.

Parent/Guardian Signature: _____ Date: _____

I request that in the event of a fever acetaminophen NOT to be administered to my child while at school.

Parent/Guardian Signature: _____ Date: _____



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AUTHORIZATION FORM FOR CHILD'S RELEASE

I authorize the following people to pick up my child/children from Pamlico Christian Academy:

1. _____
Name and Relationship to Child
2. _____
Name and Relationship to Child
3. _____
Name and Relationship to Child
4. _____
Name and Relationship to Child
5. _____
Name and Relationship to Child



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MEDIA WAIVER / INTERNET PUBLISHING PARENTAL CONSENT FORM

Yes, I give my permission for Pamlico Christian Academy to use photographs/video footage of my child for information and possible distribution about the school, program or people.

No, I do NOT want photographs/video footage of my child used by the Pamlico Christian Academy for information and possible distribution about the school, programs, or people.

Any special concerns you may have: _____

Parent Signature: _____ Date: _____



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EMERGENCY PROTOCOL

In case of a child emergency, please follow these guidelines:

1. Carefully check the child for injury or illness and determine the degree of emergency. Immediately check breathing and pulse and if necessary administer CPR. In the case of bleeding, administer bandages or other remedy. In cases of suspected broken bone, immobilize injured limb.
2. Make the child as comfortable as possible WITHOUT MOVING.
3. Check student folder for:
 - a) Emergency Contact Name and Number
 - b) Medical Attention Information
4. If child is diabetic or has another condition requiring medication, immediately contact a qualified medical practitioner for instructions. If instructed, administer insulin or other appropriate medication.
5. Following consultation with medical practitioner and school administration, take the following action:
 - a) Contact child's primary care physician
 - b) Transport child to Urgent Care or hospital
 - c) Call the child's parents or guardians
6. Immediately prepare a Child Injury/Illness Report documenting all major facts related to the incident. Submit report to administration for approval and filing.

Nova Urgent Care Pamlico
13808 NC 55 Hwy
Bayboro, NC 28515

Phone: 252-745-7440



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RE: SCHOOL WITHDRAWAL

ATTENTION:

This is to notify you of the withdrawal of:

Name: _____

Address: _____

from (prior school's name): _____

effective immediately.

I request that copies of (child's name) _____'s
academic, medical, and all other records in your files be forwarded to Administration at
Pamlico Christian Academy using the above address within 5 business days of the date of this
letter.

Thank you very much for your cooperation.

Sincerely,

Parent / Legal Guardian

Date