



PAMLICO CHRISTIAN ACADEMY

Physical Address:
11089 Hwy 55
Grantsboro, NC 28529

Mailing Address:
PO Box 68
Grantsboro, NC 28529

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

K-12 ENROLLMENT FORM for 2018-2019

Congratulations on being accepted to Pamlico Christian Academy! Please return this enrollment form along with your registration fee, curriculum fee, and the first month's tuition to our office to be fully enrolled at Pamlico Christian Academy. We look forward to serving your family!

Student Information

Date _____

Name: _____

Date of birth: ____ / ____ / ____

Grade Enrolling: _____

Emergency Contact List

Mom/Guardian Name _____

Phone Numbers: _____ (Cell) _____ (Home)

_____ (Work) _____ (Other)

Mom Email _____

Notes (scheduling, etc.) _____

Dad/Guardian Name _____

Phone Numbers: _____ (Cell) _____ (Home)

_____ (Work) _____ (Other)

Dad Email _____

Notes (scheduling, etc.) _____



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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. **Regardless of the reason for withdrawal or expulsion, the financial obligation for the student continues for the remainder of the year. There will not be any refund for monies already paid, and if monthly tuition payments are underway, they should continue.**
 - 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 Student-Parent 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 unless I have signed the attached Media Waiver.
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 Head of School.
 - 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 at Pamlico Christian Academy.

(Signature)

(Date)

(Joint Signature)

(Date)

Name(s) of person(s) responsible for payment: _____

Preferred Method of Payment (Circle): Check Cash Bank Draft



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EMERGENCY CONTACT LIST

Name: _____ Relationship to Child: _____

Phone Numbers: _____

Name: _____ Relationship to Child: _____

Phone Numbers: _____

Name: _____ Relationship to Child: _____

Phone Numbers: _____

Name: _____ Relationship to Child: _____

Phone Numbers: _____

Medical Information

Student Name: _____

Medical Diagnosis/Conditions: _____

Allergies (Food, Environmental, Animals, Insects, etc.):

Drug Allergies: _____

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 headaches Other _____

Consent for Medication

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

Yes _____ No _____

Parent/Guardian Signature: _____ Date: _____



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AUTHORIZATION FORM FOR STUDENT'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

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, programs 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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SCHOOL WITHDRAWAL FORM

ATTENTION (Name of School):

This is to notify you of the withdrawal of:

Name: _____

Address: _____

from (prior school's name): _____

effective immediately.

I request the following records be forwarded to Administration at Pamlico Christian Academy using the above address within 5 business days of the date of this letter:

Copy of all records (academic, behavioral, medical, etc.)

Copy of the following: _____

Thank you very much for your cooperation.

Sincerely,

Parent / Legal Guardian Printed Name

Date

Parent/Legal Guardian Signature