



# Pamlico Christian Academy

Change Your Child's Life

## K-12 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 of \$70. In addition, an interview with parent/guardian and student 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Grade: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_

Term:  Spring 2019-2020  Fall 2020-2021

I have applied for the North Carolina Opportunity Scholarship for this student.

### Parent/Guardian Information

Father's Name or Legal Guardian: \_\_\_\_\_

Last

First

Middle

Mailing Address: \_\_\_\_\_

Number

Street

City

State

Zip

Preferred Phone: \_\_\_\_\_ Place of Employment \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Mother's Name or Legal Guardian: \_\_\_\_\_

Last

First

Middle

Mailing Address: \_\_\_\_\_

Number

Street

City

State

Zip

Preferred Phone: \_\_\_\_\_ Place of Employment \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

*Student lives with (Circle all that apply):*

Mother

Father

Grandparent

Step-parent

Guardian

Other



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## CURRENT SCHOOL INFORMATION

Pamlico Christian Academy applicant is attending or last attended:

NAME	SCHOOL			
ADDRESS	CITY	STATE	ZIP	PHONE

Teacher/counselor reference:

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

Yes  No If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the applicant ever been diagnosed with a learning disability, had an Individual Education Plan (IEP) or been the recipient of any special academic services (one-on-one assistance)?

Yes  No If yes, please provide additional information. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the student ever been treated for a nervous, mental, or emotional disorder (i.e., ADHD)?

Yes  No If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the applicant regularly require any medication or have a physical disability that may require special assistance?

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: \_\_\_\_\_



## Pamlico Christian Academy Statement of Faith

The following are the foundation of beliefs on which Pamlico Christian Academy is based. They are also the key elements of Christianity that will be unapologetically taught in various ways through all grade levels. The substance of these statements is that which will be considered primary doctrine at Pamlico Christian Academy. All board members and staff of PCA must subscribe to these foundational principles. Secondary or divisive doctrines and issues will not be presented as primary doctrine. When these types of issues arise, they will be referred back to the family and local churches for final authority.

- ◆ We believe the Bible to be inspired, the only infallible, authoritative, inerrant Word of God (1 Timothy 3:16, II Peter 1:21).
- ◆ We believe that there is one God, eternally existent in three persons – Father, Son and Holy Spirit (Genesis 1:1, Matthew 28:19, John 10:30).
- ◆ We believe in the deity of Christ (John 10:33), His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35), His sinless life (Hebrews 4:15, 7:26), His miracles (John 2:11), His atoning death (I Corinthians 15:3, Ephesians 1:7, Hebrews 2:9), His resurrection (John 11:25, I Corinthians 15:4), His ascension to the right hand of the Father (Mark 16:19), and His personal return in power and glory (Acts 1:11, Revelation 19:11).
- ◆ We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the sinfulness of human nature, that people are justified on the single ground of faith in the shed blood of Christ, and that only by God's grace & through faith are we saved (John 3:16-21; John 5:24; Romans 3:23; 5:8, 9; Ephesians 2:8-10; Titus 3:5).
- ◆ We believe in the resurrection of both the saved and the lost; the saved unto eternal life, & the lost unto eternal damnation (John 5:28, 29). We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9; I Cor 12:12, 13; Galatians 3:26-28).
- ◆ We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life (Romans 8:13, 14; I Cor 3:16, 6:19, 20; Ephesians 4:30, 5:18).

### Agreement Information

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

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Visit PamlicoChristianAcademy.org to review our handbook. 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 Yes, please explain: \_\_\_\_\_

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# Pamlico Christian Academy

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

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

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Pamlico Christian Academy is greatly helped by parents who enthusiastically serve as volunteers. Do you have any skills that could be of assistance? If so, what is your availability to assist? \_\_\_\_\_

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## 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

## Sibling Information

Name \_\_\_\_\_ DOB \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ School Attending \_\_\_\_\_

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



## School Records Request

**\*This is not an official withdrawal request.\***

ATTENTION (Current School Name):

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This is to notify you of a records request for:

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

I request that copies of (child's name) \_\_\_\_\_'s  
academic, medical, disciplinary and all other records in your files be forwarded to Administration  
at Pamlico Christian Academy using the email [office@pamlicohristianacademy.org](mailto:office@pamlicohristianacademy.org) or by faxing to  
(252) 631-0228 within 5 business days of the date of this letter.

Thank you very much for your cooperation.

Sincerely,

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Parent/Legal Guardian Printed Name

Date

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Parent/Legal Guardian Signature

