



Pamlico Christian Academy

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PreK – 12th Grade APPLICATION FOR ADMISSION

This application is the next step in the admissions process. Please submit to the Office or email to financeofficer@pamlicochristianacademy.org. Our goal is to bring together a cohesive student body which can grow spiritually, socially and intellectually. Once your application is reviewed, we will let you know if you have been selected for an interview which is the next step in the admissions process. Each applicant's academic potential, motivation, moral character and extracurricular interests will be taken into consideration.

Student Info

Date: _____

Applicant: _____

Last First Middle Name Used

Male Female Date of Birth: ____/____/____ Current Grade: ____ Applying for Grade: ____

Beginning Term: Fall 2024 Spring 2025 Fall 2025 Spring 2026

PreK only: ____ 5 Full Days ____ 3 Full Days (M, W, F)

K-12th only: I have applied for: North Carolina Opportunity Scholarship ESA+ Grant for this student

Parent/Guardian Information

Parent 1 or Legal Guardian: _____

Last First Middle

Mailing Address: _____

Number Street City State Zip County

Preferred Phone: _____ Place of Employment _____

Parent 1 Email Address: _____

Parent 2 or Legal Guardian: _____

Last First Middle

Mailing Address: _____

Number Street City State Zip County

Preferred Phone: _____ Place of Employment _____

Parent 2 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 _____

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 (including one-on-one assistance)?

Yes No If yes, please provide additional information. _____

Has the student ever been treated for a learning, 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: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____



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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.

Visit PamlicoChristianAcademy.org to review our handbook. Have you read the Student 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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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? If so, what is your availability to assist? _____

Church Information

Family's church: _____

Pastor's name: _____ Phone: _____

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

- | | |
|---|--|
| <input type="checkbox"/> Attends church regularly | <input type="checkbox"/> Belongs to church youth group |
| <input type="checkbox"/> Attends Sunday school | <input type="checkbox"/> Parents attend church regularly |

Sibling Information

Name _____ DOB _____ School Attending _____

Name _____ DOB _____ School Attending _____

Name _____ DOB _____ School Attending _____

Do you plan to apply for any of the above at PCA? If so, when? _____

To expedite the admissions process, please email application to financeofficer@pamlicochristianacademy.org





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School Records Request

THIS IS NOT AN OFFICIAL WITHDRAWAL REQUEST.

Academic and behavioral records review is part of our admissions process.

ATTENTION (Current School Name):

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@pamlicochristianacademy.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,

Parent/Legal Guardian Printed Name

Date

Parent/Legal Guardian Signature

