



Pamlico Christian Academy

change your child's life

2025-2026 STUDENT RE-ENROLLMENT FORM

Welcome to the re-enrollment process for Pamlico Christian Academy! Please email this Form to finance@pamlicochristianacademy.org or return to the Office and pay the **Re-enrollment Fee Invoice** by **Feb. 18th** to secure your child's spot. All re-enrollments are contingent upon Head of School approval.

Student Information Grade requested _____ Date _____

Name: _____
Last First Middle Name used

Address (IF CHANGED): _____

My Student (grades 7-12) will need to use a PCA laptop (\$200 technology fee laptop usage) YES NO

Opportunity Scholarship Required Information-Check one:

- I HAVE or WILL apply for or renew the NC Opportunity Scholarship
- I need help applying for the NC Opportunity Scholarship
- I will NOT apply for the NC Opportunity Scholarship in February and understand I will not be eligible for a private donor-funded Bridge the Gap Scholarship

Medication: School staff have permission to administer the following over the counter medications to my child without calling me first (check): ibuprofen, acetaminophen, chewable antacids, and first aid ointments. **No-please call first**

EMERGENCY Contact List (If changed from prior year)

Name: _____ Relationship to Child: _____

Address & Phone: _____

Name: _____ Relationship to Child: _____

Address & Phone: _____

Name: _____ Relationship to Child: _____

Address & Phone: _____

Grandparent Information (If changed from prior year)

From time to time, our school has events that we like to invite grandparents and great grandparents to (even if they do not live close by) so they will feel a part of our school. Please include grandparent and great grandparent info here!

• Grandparent name(s): _____ Email _____

Address and Phone Number: _____

• Grandparent name(s): _____ Email _____

Address and Phone Number: _____

MEDIA Waiver / INTERNET PUBLISHING PARENTAL CONSENT

- 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.

PARENT/GUARDIAN 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:
 - I am responsible for timely payment of the full annual tuition and other fees due Pamlico Christian Academy.
 - 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. **With few exceptions outlined in Student-Parent Handbook, 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.**
3. I am responsible for any and all damages my child may have made to school property.
4. 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.
5. I understand that Pamlico Christian Academy will employ the methods of discipline outlined in the discipline section of the Student-Parent Handbook.
6. I will support school personnel, programs, policies, and activities with prayer and communication and serve as a volunteer in various capacities.
7. 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.
8. I will direct my grievances, concerns or issues through the proper channels as summarized below:
 - I agree that all persons are to deal with the situation at its source. This usually means initially speaking in private to the person involved in a constructive and supportive attempt to attain clarification and resolution. Please do not post your concerns on social media. Doing so may jeopardize your relationship with our school.
 - If, after honest attempts have been made and resolution has not been satisfactorily reached, I will proceed to the next level of authority, which generally means speaking with the Head of School.
 - If satisfaction is not reached at this point, I will proceed to the PCA Board of Directors 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 _____ Signature & Date

Transportation *[Bi-Annual payments due July 1st and Dec. 1st]*

I will need Craven/Pamlico Transportation for this student YES NO

____ Roundtrip \$800 ____ Mornings only \$400 ____ Afternoons only \$400

____ Bridgeton Food Lion ____ CStone Church ____ Vanceboro Stop ____ Inter-Campus only \$300

PCA Preferred Tuition & Fees Payment Method

Please indicate preferred tuition payment method:

- Annual payment due on or before July 1st
- Bi-annual payments due July 1st and December 1st
- Ten monthly payments due July 1st through April 1st

Parent/Guardian Name: _____

(Person Responsible for Payment) *Typing your name above serves as an electronic signature*

Tuition Payments may be made via cash, check, credit card, or automatic bank draft to Pamlico Christian Academy. For monthly payment options, bank draft is encouraged. Please check below if you would like to utilize automatic draft for your payments, and complete attached Bank Draft Authorization.

- I am interested in paying tuition and fees through automatic bank draft.
Please fill in bank information and sign form on following page if you would like auto draft.



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Authorization Form for Bank Draft

I _____, do hereby authorize Pamlico Christian Academy to begin drafting my account from the banking institution and account that I have listed below. I understand that if at any time I decide to discontinue this payment service, I will notify Pamlico Christian Academy of its termination and in such a manner as to afford the financial institution reasonable opportunity to act on it. The Bank Draft program is a free service provided by Pamlico Christian Academy. In the event that Pamlico Christian Academy withdraws funds erroneously from my account, I authorize Pamlico Christian Academy to credit my account for an amount not to exceed the original amount of the erroneous debit. Then debit the correct amount.

Same information as previous bank draft

Please attach a voided check and complete the following:

Date _____

Bank Name _____

Account Type: _____

Bank Routing # _____

Bank Account # _____

Start Date: _____

Draft Amount: \$ _____

(see invoice terms)

Frequency of tuition Draft: Monthly _____ Annually _____ Bi-Annually _____

Transportation Draft: Yes No Annually _____ Bi-Annually _____

For Donations Only: _____

For Tuition Payment Only:

_____ day of each month

_____ 5th _____ day of each month

Name: _____

First

Middle

Last

Signature: _____

Typing your name above serves as an electronic signature