

2/14/2011

Parkhill Christian Academy  
4235 Parkhill Place  
Pueblo, CO 81008

**Dear Parents,**

*Thank you for choosing to enroll your student in our school.* Our mission here at Parkhill Christian Academy is to train children in academic excellence while applying our core values of Christian morals and Biblical truth. This mission enables us to nurture both the academic and spiritual growth of our students, thereby making our school an outreach to our community. We sincerely look forward to partnering with you in this endeavor.

In alignment with our core values, we expect appropriate student behavior as outlined in the student handbook and strive to provide a learning environment that is free from acts of physical and verbal aggression, intimidation, and social alienation. Students and faculty are to treat each other with dignity, respect, and empathy and are to use honesty and integrity in all relationships.

Again, thank you for becoming part of our school. Please feel free to contact us with any questions you might have. We are looking forward to a partnership with your family.

Thank you,

*James D. Crabtree*

James D. Crabtree  
Principal  
Parkhill Christian Academy

Revised 02-15-2011

4235 Parkhill Place Pueblo, CO 81008 • 719-544-6174 fax 719-544-6175 • jcrabtree2000@hotmail.com

PARKHILL CHRISTIAN ACADEMY

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4235 Parkhill Place ✦ Pueblo, CO 81008  
719-544-6174 ✦ Fax 719-544-6175  
www.parkhillacademy.com



## APPLICATION FOR ADMISSION 2011-2012

### STUDENT INFORMATION

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Full Legal Name	Date of Birth	Age	Gender	Entering Grade
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Home Address	City	State	Zip	Phone
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[ ] Please publish above info in school directory. [ ] Do not publish above info in school directory.  
I/we acknowledge that my student's likeness maybe photographed or videotaped during the school year. I/we give our consent for Parkhill Christian Academy to use my student's likeness for promotional and advertising projects. The projects include but are not limited to, the school newspaper, yearbook, newsletters, web site and other outlets.  
Parent or Guardian Signature \_\_\_\_\_

### FAMILY INFORMATION

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<b>Father/Guardian</b>	First	Middle	Last	Home Phone
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Address	Work Phone	Cell Phone	Email
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<b>Mother/Guardian</b>	First	Middle	Last	Home Phone
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Address	Work Phone	Cell Phone	Email
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Child at Home	Name	Age
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Child at Home	Name	Age
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Child at Home	Name	Age
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### EMERGENCY CONTACT & STUDENT RELEASE

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<b>Contact Name</b>	Relationship	Phone
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<b>Contact Name</b>	Relationship	Phone
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<b>Contact Name</b>	Relationship	Phone
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### EDUCATIONAL INFORMATION

School Last Attended	Address	Grade	Phone
Has student ever had disciplinary action, suspension, expulsion, or refusal of admission for behavioral reasons?    Y    N			
If yes, please explain _____			
Has student received testing or been diagnosed as having a learning disability?			Y    N
If yes, please explain and provide and copies of test results. _____			
Has student ever repeated a grade?		Y    N	
If yes, please explain _____			

### BACKGROUND INFORMATION

How did you hear about PCA? \_\_\_\_\_

Please state reason for applying at Parkhill Christian Academy. \_\_\_\_\_

\_\_\_\_\_

Does your family attend church? If yes, Where? \_\_\_\_\_

Marital Status of parents/guardians? \_\_\_\_\_

Is there a court order regarding custodial care and educational decisions?    Y    N    If yes, provide court documentation.

Please include birth certificate (for K4 and K5 only) and all custody or guardianship papers.

If your student needs to take any prescription medication during school hours, please send a copy of the prescription along with directions for the medication. All prescriptions need to be in the original container and clearly labeled with student's name.

### HEALTH INFORMATION

Hospital/Clinic Preference \_\_\_\_\_

Physician's Name	Phone Number
Insurance Company	Policy Number

Please give a brief history of any situation or illness of which the school should be aware, including allergies.

\_\_\_\_\_

\_\_\_\_\_

I give permission for my child to take part in all school activities including sports and sponsored trips away from the school premises and absolve the school from liability to me, or my child because of injury to my child at school or during school activity. In case of accident or serious illness I request the school to contact me, in my absence I herewith authorize the designated agent of **Parkhill Christian Academy** to give permission for emergency medical care by a qualified and licensed medical doctor. This authority is granted only after reasonable effort has been made to reach me. A reasonable effort shall be defined as two or more attempts to reach a legal guardian.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# TUITION & FEES

## ENROLLMENT FEE            \$300.00

THE \$300.00 NON-REFUNDABLE ENROLLMENT FEE PER STUDENT WILL BE DUE AT THE TIME OF ACCEPTANCE TO PCA.

## TUITION

FULL YEAR	\$3000.00*
LAB FEES	\$50.00**
SAT TESTING	\$40.00

\*A twelve month tuition payment plan is available through FACTS Management

\*\*Science Lab fee for 5<sup>th</sup> through 10<sup>th</sup> grades.



## OPTIONAL FEES

GRADUATION FEE - K-5	\$50.00
GRADUATION FEE - 12 <sup>TH</sup>	\$150.00
SPORTS FEES	\$100.00-\$150.00

### SCHOOL FINANCIAL POLICY

It is our desire to provide families a quality Christian Education at a reasonable cost. Because we depend on the faithfulness of our families to provide the greater part of our income through tuition and fees, we require each family to agree to the financial guidelines set up by the school.

Families will be responsible for **all the fees** applicable to their students.

If monthly payments are not made within 60 days of the due date, the student will not be allowed back in school until arrangements have been made with the Principal.

There will be a \$25 fee for all returned checks.

There will be a 10% deduction on all refunds.

Student \_\_\_\_\_ Grade \_\_\_\_\_ Tuition \$ \_\_\_\_\_

I, \_\_\_\_\_, have made a legal and moral commitment to Parkhill Christian Academy to pay my tuition and understand all of the above fees and requirements. I also understand that if I withdraw my student(s) prior to the end of a quarter, I am still responsible to pay for the remainder of that quarter.

Parent/Guardian Signature

Date