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Parkway Christian Academy

3230 King Street, Roanoke, VA 24012
540-982-2400

Student Application

Office only:

Date enrolled:

Date withdrawn:

Student Information

Last Name: _____ First Name: _____ Middle Initial _____
Goes By: _____ Social Security # _____ - _____ - _____ Birthday: ____/____/____ Age: _____
Church Affiliation: _____ Church Member: ___ Yes ___ No
Sex: ___ Race: _____ Student Email Address: _____
Present Grade Level: _____ Student Cell Phone _____ Student Email _____

Family Information

Father's Last Name _____ First Name: _____ MI _____ Title: _____
Street Address: _____ Home Phone: _____ Primary No? (yes,no) _____
City: _____ State: _____ Zip Code: _____
Place of Employment: _____ Position: _____ Work Phone: _____ Ext _____
Legal Relationship to Student: _____ Lives with Student? ___ Yes ___ No
Financially Responsible? ___ Yes ___ No Father's Email Address _____
Cell Phone _____ Cell Phone Carrier: _____ Primary No? (yes,no) _____

Mother's Last Name: _____ Title: _____ First Name: _____
Street Address: _____ Home Phone: _____ Primary No? (yes,no) _____
City: _____ State: _____ Zip Code: _____
Place of Employment: _____ Position: _____ Work Phone: _____ Ext _____
Legal Relationship to Student: _____ Lives with Student? ___ Yes ___ No
Financially Responsible? Yes No Mother's Email Address _____
Cell Phone: _____ Cell Phone Carrier: _____ Primary No? (yes,no) _____

Grandparents: (We would like to send them information about our school and invite them to Grandparents' Day)

Name: _____ Name: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Phone: _____ Phone: _____

Admission Information

You are applying to attend what grade? _____ School attended last year: _____

Address of school: _____

Have all financial obligations been fulfilled at the school listed above? Yes No

Has any grade been repeated? _____ If yes, which one: _____

Reason: _____

Does the applicant exhibit any kind of rebellious attitudes toward parents or others in authority? Yes No

Applicant:

New Students: (5th - 12th) Please fill out NEW STUDENT PERSONAL STATEMENT and attach to this application.

Are you willing to commit to working diligently in our academic program? Yes No

Please give the specific name of the church where you and your child attend or are members:

Do you attend regularly? _____ Does your family? _____ Denomination: _____ Pastor: _____

Church Mailing Address: _____ Phone: _____

IMPORTANT! NEW STUDENTS! Grades 7-12 only

Please send a recommendation form to two of the following only: One must be from your pastor, children's pastor, youth pastor and one must be from a current or previous teacher, guidance counselor or school principal. Recommendations from other sources will not be accepted. List below the two persons chosen:

1. Name: _____ Phone: (____) _____ Relationship: _____
2. Name: _____ Phone: (____) _____ Relationship: _____

Confidential

Check the appropriate box

YES NO

- Does the applicant have any significant physical impairment? If so, what?
 Has the applicant been previously hospitalized? If so, for what?
 Is the applicant allergic to anything? If so, what?
 Has the applicant had or does the applicant have any major diseases or illness: If so, what?
-
- Has the applicant had any operations? If so, what?
 Is the applicant under the care of a doctor? If so, for what reason?
 Has the applicant ever been treated for any nervous, mental, or emotional disorder, or seen a psychologist? If so, explain: _____
 Has the applicant ever used illegal or dangerous drugs?
 Has the applicant ever used alcoholic beverages or tobacco?
 Has the applicant ever been expelled, dropped, or suspended by any school?
 Does the applicant have any physical, emotional, or mental handicaps which may affect activities or progress? If so, explain: _____
 Has the applicant received any type of tutoring or therapy? If so, explain: _____
 Does the applicant desire to attend Our School?
Reason for leaving current school: _____

If any answer is affirmative, and there is not enough space to explain, please give complete details on a separate sheet of paper. An explanation may also be required from the doctor, principal, or court.

Our Agreement Together

We have read and understand the Parent/Student Handbook and we are in agreement with the policies set forth. We give the school permission for my child to take part in all school activities, including sports activities and school-sponsored trips away from the school premises. We further agree to hold the school and its agents harmless for any liability to my child or guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against the school or any employee or agent thereof on my child's behalf and the school or its agent not be found at fault, we agree to pay any attorney fees, court fees, damages or other costs that the school or its agent should incur to defend itself against such action. Should legal action be required to collect my account should it become delinquent, we agree to pay any attorney's fees, collection fees, or court fees that the school or its agents should incur.

We agree to uphold and support the high academic standards of the School by providing a place at home for our child to study and by giving our child encouragement in the completion of homework and assignments.

We recognize that for our child to make good progress in his work, it is essential that he have confidence in his teacher and the school. Therefore, we will do all in our power to see that our child respects and obeys the school staff and standards. We agree that if our child should become involved in any difficulty with other children, teachers, or staff in the school, we will refrain from complaining to any parent, but with prayerful Christian spirit will register complaints with the teacher or principal.

We shall endeavor to support and uphold the principles, practices, and educational policies of the school in every way.

We understand that by desiring to enroll our child at Parkway Christian Academy, we are agreeing to support and not contradict the biblical principles and absolutes of Scripture (i.e., Holy Bible with translations such as KJV/NIV) within the historical Judeo Christian understanding of life that will be taught. Any violation of the handbook or principles set forth in Scripture that have been deemed as sin including such examples but not limited to lying, proclamation of belief in other gods, stealing, cheating, immoral actions such as homosexual and/or transgender deeds, transexual, and fornication, smoking, swearing, pregnancy outside of marriage, etc., will be addressed for

the purpose of redemption. The student will be considered for immediate removal from school based upon administrative decisions. We understand the school exists to equip kids for college, career, and for Christ and therefore desires to provide an environment conducive for spiritual maturity through a redemptive spirit. These statements of cooperation will be in effect for as long as my children attend the school.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

NON-DISCRIMINATORY POLICY

Parkway Christian Academy admits students and hires staff of any race, color, national or ethnic origin to all rights, privileges, programs, and activities generally made available to students and staff at the school and does not discriminate on the basis of race, color, national or ethnic origin in administering its educational policies, admission policies, and athletic and other school administered programs.