



# Application for Enrollment

A non-refundable application fee of \$10 should be submitted with this application. The check should be payable to Peninsula Community Church Academy (PCCA).

School Year: \_\_\_\_\_/\_\_\_\_\_

Family Name: \_\_\_\_\_

Father's first

Mother's first

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Student Information (Please list all children living in the home.)

Child's Name	Date of Birth (month/day/year)	Age (as of Dec. 2)	Sex	Grade (in fall)	Participation Code (see below)

Participation Codes: R—Recordkeeping only C—Co-op only RC—Recordkeeping & Co-op  
NE—Not enrolled

## I am seeking enrollment in:

\_\_\_\_\_ Recordkeeping only    \_\_\_\_\_ Co-op only    \_\_\_\_\_ Recordkeeping and Co-op

## Parent Information

Father's Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Name of Church Your Family Attends:** \_\_\_\_\_

**Pastor's Name:** \_\_\_\_\_

If both biological/custodial parents do not live at the same address, please list information of parent not living with the student:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this parent in agreement regarding homeschooling the student(s)? (circle one)      Yes      No

**Supplemental Information**

Is there any time during traditional school hours (8:30 a.m. to 3:00 p.m.) when your student(s) will not be under the direct supervision of parents? Please provide details.

\_\_\_\_\_

Has your student(s) skipped or repeated any grade(s)? If yes, please indicate name(s) of student(s) and grade(s) skipped/repeated.

\_\_\_\_\_

**Please complete if your student has enrolled in any other school:**

Name of Previous School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Have you submitted the Authorization for Transfer of School Records Form to PCCA?** \_\_\_\_\_

Please check one of the following:

\_\_\_\_\_ If the Co-op's student capacity is full, I would like my \$10 application fee refunded to me.

\_\_\_\_\_ If the Co-op's student capacity is full, I would like to be placed on the waiting list and render my \$10 application fee non-refundable.