

For Office Use Only	_____
Date Received	_____
Time _____	By _____

POLARIS CHRISTIAN ACADEMY

A MINISTRY OF THE CHURCH AT POLARIS

APPLICATION FOR ADMISSION

VISION:

- Our students follow Christ confidently, live honorably, think analytically, and demonstrate academic excellence.

MISSION STATEMENT:

- PCA teaches from a Biblical viewpoint, inspires academic excellence, and fosters a strong school-home partnership, in order to educate, train, and equip its students with the skills to be effective representatives of Jesus Christ.

CORE VALUES:

- The Bible is the revealed, inspired, inerrant Word of God, which is taught as truth and is relevant to today's culture.
- Our students must learn how to process information in the context of a Biblical World view; therefore, the consistent integration of Biblical truth and learning is pursued in all disciplines.
- High academic, social, moral, and spiritual standards are maintained and expected from staff and students with opportunities for evaluation, assessment, and continuous improvement.
- Strong partnerships between PCA, its parents, the business community, and evangelical churches and schools are vital to the education of our students.
- A safe spiritual, emotional, and physical environment is essential for the well-being of the school community.

Polaris Christian Academy, as a non-public school, does not practice discrimination on the basis of race, color, sex, or national origin. The application cannot be processed until complete and must be accompanied by the application fee.

Date _____ Grade Entering _____

Student Name _____
Last First Middle

Social Security Number _____ Date of Birth _____

Church Affiliation _____ Member Yes _____ No _____

School District _____

Learned of our school by: ___ yellow pages ___ paper ___ friend/who? _____
___ other _____

Optional Information:

Sex: _____ Male _____ Female

Race: ___ Caucasian ___ Black ___ Hispanic ___ Native American ___ Asian

Father's Name _____

Address _____ e-mail _____

_____ Phone _____

Occupation _____ Phone _____

Mother's Name _____

Address _____ e-mail _____

_____ Phone _____

Occupation _____ Phone _____

Other Children:

Names	Age	School Attending
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Briefly state your reasons for choosing a Christian school for your child: _____

Briefly describe your (1) personal relationship with the Lord and (2) your involvement in your church:
Father _____

Mother _____

STUDENT INFORMATION

Does the student have any physical or development disability?

_____ Yes _____ No

Explain: _____

Has the student ever been enrolled in special classes or received tutoring?

Explain _____

What is the student's attitude toward school and teachers?

Has the student ever repeated a grade?

Yes _____ Grade _____
No _____

If yes why: _____

Has the student ever been suspended or expelled?

Yes _____ No _____
If yes why: _____

I (we) have reviewed my (our) finances and am (are) able to pay tuition.

Signature: Father _____

Mother _____

I (we) have no outstanding balances with any other Christian school.

Signature: Father _____

Mother _____

