



PORTLAND CHRISTIAN SCHOOLS
EARLY CHILDHOOD EDUCATION PROGRAM

APPLICATION FOR ADMISSION

www.pcschools.org

To be completed by parent or guardian
Please print in black ink or type

APPLYING FOR: Preschool School Age Summer

School Year: 20__ - 20__

STUDENT

STUDENT'S FULL NAME: _____
(Last) (First) (Middle) (Preferred)

Please print name exactly as it should appear on all permanent records

Date of Birth ____/____/____ Place of Birth _____ Gender: Male Female

Schedule: M _____ T _____ W _____ Th _____ F _____

How long do you plan to be in the program? _____

Father /Guardian Name: _____ Priority contact #

Address _____ Phone #1 _____ cell home work

City/St/Zip: _____ Phone #2 _____ cell home work

Email Address: _____

Occupation: _____ Employer Name / Location: _____

PCS Alumnus? Yes No If yes, year graduated: _____

Mother /Guardian Name: _____ Priority contact #

Please complete info. below if different from above

Address _____ Phone #1 _____ cell home work

City/St/Zip: _____ Phone #2 _____ cell home work

Email Address: _____

Occupation: _____ Employer Name / Location: _____

PCS Alumnus? Yes No If yes, year graduated: _____ Maiden Name: _____

Student lives with (check all that apply):

- Father
- Stepfather
- Grandparent
- Mother
- Stepmother
- Guardian

Student's (check all that apply):

- Father is deceased
- Parents are divorced
- Mother is deceased
- Parents are separated

| Student's Siblings: | Name | M/F | Age | School or Occupation |
|----------------------------|-------|-------|-------|----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Are any of the siblings listed above applying to or currently attending PCS? Yes No

Name of relative, if any, now or previously at PCS: _____

Please state relationship and/or grade: _____

FAMILY

DEMOGRAPHICS

Optional Demographic Data:

Your response to the questions in this section are optional. We respect your privacy and will use the information for statistical purposes only. We appreciate your responses; they will not be used to discriminate against your family in any way.

Is the student Hispanic or Latino? Yes No

Please identify the student's race (mark all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

What is the primary language spoken in your home?

- English
- Japanese
- Korean
- Spanish
- Vietnamese
- Other: _____

Please list and explain any special circumstances we should know about:

Date of last physical exam: _____

Does Student regularly require medication?

- Yes No If yes, please explain.

Has Student ever been tested for or received special help for a learning difficulty?

- Yes No If yes, please state results and include a copy of the report.

Has Student ever been enrolled in a special education program or special school?

- Yes No If yes, please explain.

List any additional people who are authorized to pick up your child(ren). **Under no circumstances will your child(ren) be released to anyone not known to the school without prior authorization from the enrolling parent(s) or guardian.**

| Name | Relationship | Phone Number |
|-------|--------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

CHURCH

Church family attends: _____

Address: _____

Pastor: _____ Ph #: _____

SURVEY

We **first learned** of PCS through: (Please check only **one**)

- Student(s) currently enrolled
- Alumni
- Catalog on private schools
- Pastor
- Newspaper
- Parents of PCS student
- Telephone book
- Internet
- Other _____

The **two factors** most influencing us to apply to PCS: (Please check only **two**)

- Academic reputation
- Christian philosophy
- Location
- Displeasure with public schools
- Desire to attend private school
- Recommendations of PCS Families
- Strength of extracurricular programs
- Other: _____

Why do you desire to enroll your child at PCS?

SIGN

I verify that all statements and representations contained in this document are complete, true, and correct to the best of my knowledge.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

FINAL STEPS

Submitting this application is only one step in the admission process and does not guarantee admission. Your registration is not complete until ALL fees and enrollment forms, INCLUDING Immunization Status Form and FACTS or Tuition Express agreement, are complete and received in our office.

Portland Christian Schools complies with federal and state requirements for nondiscrimination on the basis of gender, race, color, national and ethnic origin, in admission and access to its programs and activities.

PLEASE ENCLOSE a \$35.00 Application Fee (NEW families only) and return your completed application to:

Portland Christian Schools
Attn: ECE Admissions
 11845 SE Market Street
 Portland, OR 97216-3916

| | | |
|---|--|--|
| <p>OFFICE USE ONLY</p> <p>Received date: _____ Registration Fee \$ _____</p> <p>Received by: _____ Activity Fee \$ _____</p> <p>Admission date: _____ Immunization _____</p> <p>Joint Custody: _____ Tuition Express _____</p> | <p>Preschool</p> <p>Preschool/Extended</p> <p>LB LC SS</p> <p>HB BB LF</p> | <p>School-age</p> <p>Teacher: _____</p> <p>K _____ 1-2 _____ 3-6 _____</p> <p style="text-align: center;">Summer Only</p> <p>K _____ 1-2 _____ 3-6 _____</p> |
|---|--|--|