



APPLICATION FOR ADMISSION

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

Date Received: _____ Initials: _____ Fee Paid: _____ Check #: _____

STUDENT

APPLYING FOR: Elementary (K-5) Jr/Sr HS (6-12) **School Year:** 20____ - 20____ **Grade:** _____

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

Father /Guardian Name: _____ Student lives with Receive school mailings

Address _____ Phone #1 _____

City/St/Zip: _____ Phone #2 _____

Email Address: _____

Occupation: _____ Employer Name / Location: _____

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

- cell
- home
- work
- cell
- home
- work

Mother /Guardian Name: _____ Student lives with Receive school mailings

Please complete info. below if different from above

Address _____ Phone #1 _____

City/St/Zip: _____ Phone #2 _____

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

What is the primary language spoken in your home?

- English Other: _____
- Spanish

School Student is attending or last attended:

Name: _____ District: _____

Address: _____

City/St/Zip: _____ Phone #: _____

Has Student applied to any Portland Christian School campus previously? Yes No Year: _____

Has Student ever been retained?

- Yes No Grade: _____ If yes, please explain.

Has Student ever been tested for or received special help for a reading or 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.

Does Student regularly require medication?

- Yes No If yes, please explain.

Has Student ever received severe disciplinary censure at school, within the community, or from legal authorities?

- Yes No If yes, please explain.

Why do you desire to enroll your child at PCS?

EDUCATION & HISTORY

FAITH & CHURCH

Family attends church regularly Yes No

Name of church: _____

Address: _____

Pastor: _____ Phone #: _____

Please briefly describe your personal Christian experience and faith.

SURVE

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

- Student(s) currently enrolled Alumni Pastor
- Parents of PCS student 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: _____

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: _____

FINAL STEPS

PLEASE ENCLOSE a \$150.00 Application Fee (per student, non-refundable, maximum \$300.00 per family per year)

Please return your completed application to the campus to which you are applying:

**Portland Christian Schools
Jr/Sr High School**
Attn: Admissions
12425 NE San Rafael Street
Portland, OR 97230-1818
503-256-3960

**Portland Christian Schools
Elementary School**
Attn: Admissions
11845 SE Market Street
Portland, OR 97216-3916
503-256-5455

Confidential recommendation forms from references should be sent separately. Please provide self-addressed, stamped envelopes to accommodate these references. **SUBMITTING THIS APPLICATION IS ONLY ONE STEP IN THE APPLICATION PROCESS AND DOES NOT GUARANTEE ADMISSION.** We will contact you regarding next steps in the admission process.

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.