



APPLICATION FOR ENROLLMENT

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

A separate check for \$10/child should also be submitted for your child(ren)'s Co-op t-shirt in the event that your application for enrollment is accepted. This check will only be deposited in the event that your application for enrollment is accepted.

School year: _____/_____

Family name: _____

Father's First

Mother's First

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

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)	T-shirt size (see below)

Participation Codes: R – Record Keeping only C – Co-op only RC – Record Keeping & Co-op

NE – not enrolled

Shirt size: (YS = Youth small, YM = Youth Medium, YL = Youth Large, AS = Adult Small, AM = Adult Medium, AL = Adult Large, AXL = Adult Extra Large)

I am seeking enrollment in:

Record Keeping only **Co-op only** **Record Keeping & Co-op**

Parent Information

Father's Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Pager/Cell: _____

Mother's Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Pager/Cell: _____

Name of church your family attends: _____

Pastor's Name: _____

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

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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

Supplemental Information

Is there any time during traditional school hours (8:30 a.m. – 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: _____

Does your student(s) have an Individualized Education Plan(s) (IEP) or special learning needs? If yes, please indicate student(s) name(s): _____

Please complete if your student has been 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 P.C.C.A.? _____

Please check one of the following:

_____ If the Co-op's student capacity is full I would like my \$10 enrollment 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 enrollment application fee non-refundable.