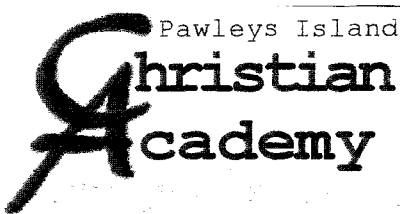


(Elementary School)



• PO Box 777 • Pawleys Island, SC 29585 • (843) 237-9293 • FAX (843) 237-8960

Student's Last Name: _____ First: _____ Middle: _____

Preferred Name: _____ Date of Birth: _____

Street Address: _____

City: _____ Zip: _____

Home Phone: _____ Last School Attended: _____

Social Security #: _____ Sex: _____

Family Information

1st Family Member Name:	2nd Family Member Name:
Relation to Student:	Relation to Student:
Employer's Name:	Employer's Name:
Occupation:	Occupation:
Business Phone:	Business Phone:
Cellular/Pager:	Cellular/Pager:
E-Mail:	E-Mail:
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried
Graduate of High School?	Graduate of High School?
Years in College:	Years in College:
Do you consider yourself a Christian?	Do you consider yourself a Christian?
Year of conversion:	Year of conversion:
Religious Background:	Religious Background:
Church Home:	Church Home:
Member? <input type="checkbox"/> Yes <input type="checkbox"/> No How Long?	Member? <input type="checkbox"/> Yes <input type="checkbox"/> No How Long?
Describe your church attendance: <input type="checkbox"/> Active <input type="checkbox"/> Occasional <input type="checkbox"/> 2-3 times a year	Describe your church attendance: <input type="checkbox"/> Active <input type="checkbox"/> Occasional <input type="checkbox"/> 2-3 times a year
Paternal Grandparents	Maternal Grandparents
Grandmother:	Grandmother:
Grandfather:	Grandfather:
Address	Address
City State Zip	City State Zip
Phone E-Mail	Phone E-Mail

List names, ages, and grades of all school-aged children in your family:

- 1.
- 2.
- 3.

Pawleys Island Community Church and Academy Belief Statement

1. We believe the Bible is the inspired Word of God.
2. We believe there is one God who reveals Himself in three separate and distinct persons: the Father, the Son, and the Holy Spirit.
3. We believe mankind was created good and upright but, by voluntary transgression, fell and is now separated from God, lost and without hope.
4. We believe Jesus is God in the flesh, fully divine and fully human.
5. We believe that through the shedding of His blood at the crucifixion, Jesus made salvation and His righteousness available to all who will believe, thus bridging the gap between God and mankind.
6. We believe Jesus died, was buried, and bodily rose from the dead (the resurrection).
7. We believe that after the resurrection, Jesus ascended to the Father and is presently engaged in building heaven and interceding for people.
8. We believe Jesus will return to earth to take His Church (those who believe in Him) to Heaven and will judge the world. (It is not necessary that we all believe alike concerning whether He is coming before, during, or after the Tribulation.)
9. We believe salvation comes by repentance for sin and a heartfelt faith in the Lord Jesus Christ, resulting in regeneration of the person. This salvation is entirely by the grace of our Lord, not of works. Works are excluded except as evidence of salvation.
10. We believe water baptism and the Lord's Supper are the two ordinances of the Church.
11. We believe baptism by immersion in water in the name of the Father, Son, and Holy Spirit is a symbol of identification with Jesus in His death, His burial, and His resurrection.
12. We believe the Lord's Supper is a memorial to the death, resurrection, and Second Coming of our Lord Jesus Christ.
13. We believe that all believers should seek, as the early disciples did, to live a life separated from the evils of the world and unto Christ. The Believer's standard of conduct should honor our Lord and His Church.
14. We believe the Bible clearly teaches eternal separation from God for the unsaved and eternal glory and service for the saved.
15. We believe the Holy Spirit comes to convict man of sin, regenerate the repentant believer, guide the believer into all truth, and indwell and give gifts to believers as He wills, that they may minister as Christ would to men. It is the Holy Spirit that empowers believers for lives fully devoted to God.
16. We believe God uses doctors, medicines, and other means of healing. God also provides divine healing in the Atonement.
17. We believe each believer is a priest of the Lord and has direct access to the Father through the Lord Jesus Christ.
18. We believe that the Church is the bride of Christ and that the local church is the means that God intends to use to evangelize the world and to disciple the believer.

I have read the above belief statement, and I understand them to be the beliefs of Pawleys Island Christian Academy.

Signature _____

Medical History

It is mandatory that pupils who show symptoms of communicable diseases be excluded from classes until readmission is acceptable to school authorities. Your cooperation will be greatly appreciated. Thank you.

Pupil's Name _____ Date of birth _____ Sex _____
Father's Occupation _____ Mother's Occupation _____
Father's Health _____ If deceased cause _____
Mother's Health _____ If deceased cause _____

Has your child had chicken pox: yes no received chicken pox immunization

Does your child have asthma or other breathing-related difficulties: yes no

If yes, please describe actions to be taken. _____

If your child has allergies in the following areas, please describe trigger and reaction:

Food: _____

Insects: _____

Medication: _____

Environmental: _____

Other: _____

Please describe below any other medical conditions or information of which school personnel should be aware. _____

In an effort to better understand your child, please answer the questions below concerning his/her personality.

Is he/she shy? _____

How does he/she feel about school? _____

Would you characterize your child as overactive? _____

Does he/she have excessive fears? _____

Does he/she play well with others? _____

Does he/she have temper tantrums? Please describe. _____

Regular bedtime _____ Regular rising time _____

Does he/she eat breakfast? _____

PICA Cooperative Agreement: Believing that the school is an extension of the home, our desire is to work in partnership with parents to provide the very best education for all of our children. If there are questions concerning anything in this application or fact sheet please do not hesitate to ask. Our handbook details our mission, beliefs and policies. Our joy is to work in cooperation with our church, parents and children to provide a safe and happy environment.

Parent Cooperation Agreement: Believing that a child's schooling is most profitable in a spirit of unity and cooperation, I agree to cooperate in partnership with the school teachers and staff. If there is ever an area of concern or disagreement, I will abide by the principles of Matthew 18 by bringing concerns first to the person directly involved. Since Sunday is a day of worship for all (including staff and teachers) all school issues will be discussed Monday through Friday and not on Sundays at church services. I will pray for the school and staff, support the school in words and in deed, in activities and programs.

School Activities: We give permission for our child to take part in all school activities, and absolve the school from liability to us or our child because of injury during any school activity. In case of emergency or serious illness, we request the school contacts us first. If we are not available, please contact the designated emergency contact. If emergency contacts cannot be reached, the school has my permission to make whatever emergency arrangements deemed necessary for our child's treatment. If the emergency is life threatening and we cannot be reached, the physician has permission to act accordingly absolving the school of liability. You will receive details and permission forms for all off-campus events prior to the date of the event.

Signature: _____

Payments

All tuition payments will be conducted via EFT (Electronic Funds Transfer). The transaction will be made on the 15th of each month. Other fees can be paid by check to Pawleys Island Christian Academy. A \$35.00 charge will be added to your account for any NSF reports.

Name (as shown on account): _____

Name of Bank: _____

Account Number: _____

Routing Number: _____

Pawleys Island Christian Academy admits students of any race, color, national or ethnic origin to all of the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, or other school administered programs.

To be completed by a guardian:

1) What are your goals for your child?

2) Why do you want to enroll your child at PICA?

3) Applicant's extracurricular interests, abilities and achievements:

4) If your child has had any problems in school, please explain:

Mission Statement

The mission of Pawleys Island Christian Academy is to provide academic excellence in a Christian environment.

Yes No

 Do you understand and agree with the above Mission Statement of Pawleys Island Christian Academy?

 Is your child passing all subjects?

 Has your child had disciplinary problems in his or her previous school?

 Has your child been suspended or expelled at another school?

 Is your child a ward of the court, has your child been under jurisdiction of the court, or has your child committed a felony?

Please explain: _____

Application Checklist

Application fee is attached. (\$150.00 first child, \$100.00 each additional child)

All sections of the application are complete and signed.

A copy of SC DHEC Immunization Form 1148 is attached.

A copy of your child's birth certificate and social security card is attached.

The office has been contacted for a test date if no previous diagnostic test has been taken. Regrettably, PICA does not have the capability to serve special needs students.

Proof of medical insurance. (If uninsured please notify school administrator)

An interview with the principal is required for both custodial parents.

I have included all of the above.

Signature _____ Date: _____