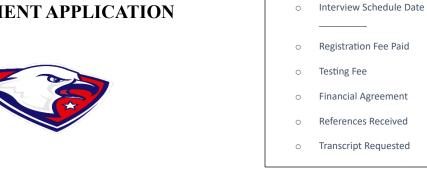
## **Piedmont Christian school**

575 Bessie Road \* Piedmont, SC 29673 \* piedmontchristianschool7@gmail.com

## **ENROLLMENT APPLICATION**



Office Use Only

Date Received \_\_\_

DATE	
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GRADE ENTERING \_\_\_\_\_

F. 4	NC LU		G : 10 '- N - 1
			Social Security Number
	Ema		
Month Day	Year	Male	Female
			Phone
periorAbove	Average Bel	ow Average	Failing
nin:			
adio Flier	Friend	Church Sign	Other
Both Father	Mother	Other	
	(H)Phone	Cell	
			one
Divorced	_ (H)Phone English Speaking	Cell	
		Work Ph	one
	Best way to contac	t you during the day?	
an parent)	(H)Pho	ne	Cell
		_	
		Work Ph	one
	Best way to contac	t during the day?	
Age	School Now Attend	ding	Applying to PCS
			Yes No
			Yes No
1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Month Day  PeriorAbove A  in: Flier  Both Father  Divorced  Divorced  an parent)	Zip Ema  Month Day Year  Perior Above Average Bellow:  In: Flier Friend  Both Father Mother  (H)Phone Divorced English Speaking  Best way to contact  (H)Phone Divorced English Speaking  Best way to contact  In parent) (H)Phone  Best way to contact  In parent) (H)Phone	ZipEmail

Please list any medical issues an Medical Issues	d medications:						
Special Medications							
REFERENCES							
	whom must be a previous teacher or principal of thuse church workers or friends. A reference form w	e school last attended and one a friend, pastor, or other adviill also need to be completed.	ult who knows the student				
Name	Address	Phone					
	be completed by the above persons and received in end?						
STATEMENT OF AGREEMEN PLEASE INITIAL EACH STATE	TAND COOPERATION  MENT. If a statement is not initialed, please list re	eason or comment.					
I give school administrat	ion full responsibility for placing my child in the p	roper grade.					
I will abide by the condi	tions of the payment plan for tuition and fees. (Sep	parate financial agreement must be signed.)					
I agree to pick up my chi	ild if he/she becomes sick at school.						
PCS has permission to g	PCS has permission to give my child an appropriate dose of non-aspirin pain reliever (i.e. Tylenol, Ibuprofen, Tums, Pepto Bismol tablet), if neededN						
I give my child permission	on to take part in school activities including sports	and field trips.					
		y pledge our loyalty to the aims and ideals of the school an by those in authority, and I (we) will not be publicly critic					
If emergency treatment i transporting my child to a hospital		grant the school authorities permission to exercise their ow	n judgment in				
I agree that my child wil	l abide by the school dress code policy.						
CORPORAL PUNISHMENT P If my child is misbehaving or cont	OLICY: (Initial One) tinually disturbing the class, after other reasonable	forms of discipline have been tried, I will:					
Pick up my child for the Come to the school to gi Should my child not adju	,	ly withdraw my child from the school.					
I have read and understand the	Student Handbook. I agree to abide by the police	cies of Piedmont Christian School.					
:	Father or Legal Guardian's Signature		Date				
	Mother or Legal Guardian's Signature		Date				