

Piedmont Christian school

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

ENROLLMENT APPLICATION

Office Use Only

- ☐ Date Received _____
- ☐ Interview Schedule Date _____
- ☐ Registration Fee Paid
- ☐ Testing Fee
- ☐ Financial Agreement
- ☐ References Received
- ☐ Transcript Requested

GRADE ENTERING _____



DATE _____

STUDENT INFORMATION:

Student's Name _____
Last First Middle Social Security Number

Street Address _____ Phone _____

City _____ Zip _____ Email _____

Age _____ Date of Birth _____ Male Female
Month Day Year

Last School Attended _____ Phone _____

School Address _____

Scholastic grades have been: ___ Superior ___ Above Average ___ Below Average ___ Failing

If student has ever failed, please explain: _____

How did you hear about PCS? ___ Radio ___ Flier ___ Friend ___ Church Sign ___ Other

FAMILY INFORMATION:

Whom has legal custody? ___ Both ___ Father ___ Mother ___ Other _____

Father's Name _____ (H)Phone _____ Cell _____
___ Married ___ Separated ___ Divorced ___ English Speaking

Addresses if different from applicants _____

Employer/Address _____ Work Phone _____

Primary Email Address _____ Best way to contact you during the day? _____

Mother's Name _____ (H)Phone _____ Cell _____
___ Married ___ Separated ___ Divorced ___ English Speaking

Addresses if different from applicants _____

Employer/Address _____ Work Phone _____

Primary Email Address _____ Best way to contact you during the day? _____

EMERGENCY CONTACT: (other than parent) _____ (H)Phone _____ Cell _____

Relationship to Student _____

Employer/Address _____ Work Phone _____

Primary Email Address _____ Best way to contact during the day? _____

Names of brothers or sisters	Age	School Now Attending	Applying to PCS
_____	_____	_____	___ Yes ___ No
_____	_____	_____	___ Yes ___ No

AUTHORIZED PICK UP (Names other than parents authorized to pick up child)

Please list any medical issues and medications:

Medical Issues _____

Special Medications _____

REFERENCES

Please list two references, one of whom must be a previous teacher or principal of the school last attended and one a friend, pastor, or other adult who knows the student (not relatives). If kindergartener, use church workers or friends. A reference form will also need to be completed.

Name	Address	Phone
_____	_____	_____
_____	_____	_____

❖ Reference forms must be completed by the above persons and received in the school office to process application.

What church does your family attend? _____

Address of church _____ Pastor's Name _____

STATEMENT OF AGREEMENT AND COOPERATION

PLEASE INITIAL EACH STATEMENT. If a statement is not initialed, please list reason or comment.

_____ I give school administration full responsibility for placing my child in the proper grade.

_____ I will abide by the conditions of the payment plan for tuition and fees. (Separate financial agreement must be signed.)

_____ I agree to pick up my child if he/she becomes sick at school.

_____ PCS has permission to give my child an appropriate dose of non-aspirin pain reliever (i.e. Tylenol, Ibuprofen, Tums, Pepto Bismol tablet), if needed. ____ **No**

_____ I give my child permission to take part in school activities including sports and field trips.

_____ I (we) will fully support the PCS Parent/Teacher Meetings. I (we) sincerely pledge our loyalty to the aims and ideals of the school and will bring all questions and criticisms directly to the administration so that they may be properly considered by those in authority, and I (we) will not be publicly critical of any school policy.

_____ If emergency treatment is required and I cannot be reached immediately, I grant the school authorities permission to exercise their own judgment in transporting my child to a hospital emergency room.

_____ I agree that my child will abide by the school dress code policy.

CORPORAL PUNISHMENT POLICY: (Initial One)

If my child is misbehaving or continually disturbing the class, after other reasonable forms of discipline have been tried, I will:

_____ Pick up my child for the rest of the day.

_____ Come to the school to give a spanking.

_____ Should my child not adjust to the classroom and/or teacher, I agree to quietly withdraw my child from the school.

I have read and understand the Student Handbook. I agree to abide by the policies of Piedmont Christian School.

Father or Legal Guardian's Signature

Date

Mother or Legal Guardian's Signature

Date