



Portland Christian School Admission Application

Applying for Grade (K-12): _____ Admission Year: _____ Is the applicant a former PCS student? Yes No

Student's Name: _____
First Middle Last Suffix

Preferred Name: _____ Social Security #: _____ Male Female

Address: _____
Street City State Zip

Date of Birth: _____ Age: _____ Place of Birth: _____ Race: _____

Current School: _____ Current Grade: _____ Years attended at this school: _____

Current School Address: _____ Phone: _____

Has student been retained at any grade level? Yes No What grade: _____ Has student ever been dismissed or disciplined at any school? Yes No If yes, please explain on the back or in an attached letter. Does student currently have an IEP? Yes No If yes, please submit copies of all written evaluation reports along with this application.

Church attended by student: _____

Minister's Name: _____ Phone: _____

We have read and agree to support the PCS Statement of Faith.

Father/Guardian Signature Date

Mother/Guardian Signature Date

Parent/Guardian Information

Mr/Dr/Rev

Father/Guardian Name (Title, First Name, Middle Initial, Last Name)

Mrs/Ms/Dr

Mother/Guardian Name (Title, First Name, Middle Initial, Last Name)

Address (If different from student)

Address (If different from student)

City, State, Zip

City, State, Zip

Home Phone Cell Phone

Home Phone Cell Phone

Business Phone Email

Business Phone Email

Employer

Employer

Occupation

Occupation

Person Responsible For Bill (If different from parent or guardian listed above)

Name (Title, First Name, Middle Initial, Last Name)

Home Phone Cell Phone

Address

City, State, Zip Business Phone

For Office Use Only

Date Received: _____ Time: _____

Student ID: _____ Date Entered: _____

\$75 Application Fee: Check # _____ Cash/Receipt # _____

Family ID: _____ Entered by: _____