

PAIDEIA CLASSICAL ACADEMY 2019-2020 APPLICATION FOR ADMISSION

APPLICANT

Date of Application: _____

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____/____/____ Male____ Female____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Previous Grade: _____ Applying for Grade: _____

Previous School: _____ Church Affiliation: _____

Student Ethnicity: _____ Languages Spoken: _____

PARENTS/GUARDIANS

Parent/Guardian #1-Relationship to Applicant: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Employer: _____ Occupation/Title: _____

Work Phone: _____ Email Address: _____

Church Affiliation: _____ Pastor's Name: _____

Parent/Guardian#2-Relationship to Applicant: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Occupation/Title: _____

Work Phone: _____ Email Address: _____

Church Affiliation: _____ Pastor's Name: _____

FAMILY INFORMATION

With whom does the student live? _____

Parent Marital Status: _____ Number of Siblings: _____

Please list the names and ages of other children in the family:

Name: _____ Current Grade: _____ School Attending: _____

Name: _____ Current Grade: _____ School Attending: _____

Name: _____ Current Grade: _____ School Attending: _____

Name: _____ Current Grade: _____ School Attending: _____

PERSONAL INFORMATION

What are your child's strengths and weaknesses? _____

What are your educational goals for your child? _____

Why do you desire a Christ-centered, classical education for your child? _____

Has your child been referred for psychological or educational assessment? Yes____No____ If yes,
please briefly describe: _____

Please describe any special needs (academic, medical or personal, e.g., allergies): _____

Please describe your nutritional philosophy: _____

ADDITIONAL INFORMATION

Are you interested in early and/or after school care? _____

How did you hear about Paideia Classical Academy? _____

Can you volunteer as a parent helper throughout school year? _____

What talents can you share with the school community? _____

SCHOOL USE ONLY

Application Fee: _____ Check #: _____ Date: _____

Date of Family Interview: _____ Testing: Date: _____

Registration Fee: _____ Check #: _____ Date: _____ ☐ Entered in FACTS

Student Fees: _____ Check #: _____ Date: _____ ☐ Entered in FACTS

Tuition: _____ Check #: _____ Date: _____ ☐ Entered in FACTS

Scholarships: ☐ FTC ☐ PLSA ☐ McKay

Trivium: ☐ Preschool ☐ Kindergarten/PreK ☐ Primary ☐ Grammar ☐ Logic ☐ Rhetoric

Notes: _____

THANK YOU FOR CONSIDERING OUR SCHOOL FOR YOUR CHILD!