PAIDEIA CLASSICAL ACADEMY 2021-2022 APPLICATION FOR ADMISSION

STUDENT 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					
	nshin to Applicant:				
			Middle Name:		
			Zin:		
	State: Zip: Mobile Phone:				
		Occupation/Title:			
	Email Address:				
	Pastor's Name:				
Parent/Guardian#2-Relation	nship to Applicant:				
Last Name:	First Name:		Middle Name:		
Address:					
			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	r children in the fami	ly:		
Name:	Current Grade:	School Attending:		
Name:	Current Grade:	School Attending:		
Name:	Current Grade:	School Attending:		
Name:	Current Grade:	School Attending:		
		or your child?		
	nological or education	nal assessment? YesNo If yes,		

	s (academic, medical, or personal, e.g., allergies):
Please describe your nutritional p	philosophy:
ADDITIONAL INFORMATIO)N
Are you interested in early and/or	r after school care?
How did you hear about Paideia	Classical Academy?
Can you volunteer as a parent hel	lper throughout the school year?
What talents can you share with t	the school community?
birth certificate is not ava Immunization and health If applicable, custody doc Report cards for previous Recommendation Form; Transcripts request form (I.E.P., 504 Plan, or other in	*; (please inquire with the school about alternative documents if the idable) form; cumentation; and current (if applicable) school year; (transferring students only);
,	ANS SIGNATURES (BOTH MUST PRINT NAME AND SIGN) (Signature)
(Print)	(Signature)

SCHOOL USE ONLY

Application Fee: Date:		, Cash receipt	#, or Credit Card receipt #		
Received: □ Copy of student's birth certificate; OR, alternatively: □ Copy of other accepted identification documents, certifying the student's birth date and the parents' names) □ Immunization and health exam form; □ If applicable, custody documentation; □ Report cards for previous and current (if applicable) school year; □ Recommendation Form; □ Transcripts request form (transferring students only); □ I.E.P., 504 Plan, or other relevant evaluation;					
Date of Family Intervi	ew:		Testing: Date:		
Registration Fee:	Check #:	Date:	• Entered in FACTS		
Student Fees:C	Check #:	Date:	• Entered in FACTS		
Tuition:	Check #:	Date:	• Entered in FACTS		
Scholarships: • FTC	• Gardiner • M	IcKay • FES • A	AAA		
Trivium: • Preschool	• PreK/Kinderg	arten • Primary	• Grammar • Logic • Rhetoric		

THANK YOU FOR CONSIDERING OUR SCHOOL FOR YOUR CHILD!