PAIDEIA CLASSICAL ACADEMY 2023-2024 APPLICATION FOR ADMISSION

STUDENT APPLICANT	Date of Application:			
Last Name:	First Name:	Middle Name:		
Date of Birth:/	Male Female Socia	al Security Number:		
Address:				
City:	State:	Zip:		
Home Phone:	Alternate Pho	ne:		
Previous Grade:	Applying for Grade:			
Previous School:	Church Affiliation:			
Student Ethnicity:	Languages Spoken:			
PARENTS/GUARDIANS				
	nship 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-Relation	ship to Applicant:			
Last Name:	First Name:	Middle Name:		
Address:				
City:	S	tate: Zip:		
Home Phone:	Cell Phone:			

Employer:	Occupation/Title:			
Work Phone:	Email Address:			
Church Affiliation:	Pastor's Name:			
FAMILY INFORMATION				
With whom does the student liv	ve?			
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:			
	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? YesNo If yes, please briefly describe:				

recent I.E.P/504 Plan and or/evaluation to the	YesNo (If yes, please attach a copy of the most present application).
Please describe any special needs (academic, n	nedical, or personal, e.g., allergies):
ADDITIONAL INFORMATION	
Are you interested in early and/or after school	care?
How did you hear about Paideia Classical Aca	demy?
Can you volunteer as a parent helper throughout	ut the school year?
What talents can you share with the school cor	mmunity?
birth certificate is not available) Immunization and health form; If applicable, custody documentation; Report cards for previous and current (I.E.P., 504 Plan, or other relevant evaluation)	
PARENTS/LEGAL GUARDIANS SIGNAT	TURES (BOTH MUST PRINT NAME AND SIGN)
(Print)	(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; □ I.E.P., 504 Plan, or other relevant evaluation; 					
Date of Family Inter	view:		Testing: Date:		
Registration Fee:	Check #:	Date:	• Entered in FACTS		
Student Fees:	Check #:	Date:	• Entered in FACTS		
Tuition:	Check #:	Date:	• Entered in FACTS		
Scholarships: • FTC • Gardiner • McKay • FES • AAA					
Trivium: • Prescho Notes:			• Grammar • Logic • Rhetoric		

THANK YOU FOR CONSIDERING OUR SCHOOL FOR YOUR CHILD!