

PAIDEIA CLASSICAL ACADEMY 2024-2025 APPLICATION FOR ADMISSION

All the following fields are mandatory; the application will not be considered submitted unless all information and required attached documents have been provided.

STUDENT APPLICANT

Date of Application: _____ Last Name: _____ First Name: _____

Middle Name: _____ Date of Birth: ___/___/___ Male ___ Female ___

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell 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: _____ Cell Phone: _____ Employer: _____

_____ Occupation/Title: _____ Work Phone: _____

_____ Email Address: _____ Church Affiliation: _____

_____ Pastor's Name: _____

1 Valid as of February 23, 2024. All 2024-2025 prior forms have become obsolete, and this form must be signed instead.

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:

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_____ 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? _____

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Has your child been referred for psychological or educational assessment? Yes ___ No ___ If yes, please briefly describe: _____

Does your child have an I.E.P or a 504 Plan? Yes ___ No ___ (If yes, please attach a copy of the most recent I.E.P/504 Plan and or/evaluation to the present application).

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 the school year? _____

What talents can you share with the school community? _____

Checklist of attachments to this application:

- Student's birth certificate*; (please inquire with the school about alternative documents if the birth certificate is not available)
 - Immunization (or exemption) and health form;
 - If applicable, custody documentation;
 - Report cards for previous and current (if applicable) school year (or last two report cards, if applying during the summer);
 - Recommendation Form;
 - Transcripts request form (transferring students only);
 - I.E.P., 504 Plan, or other relevant evaluation;
 - \$200 Application fee (if paid with a credit card on site, a small convenience fee will be applied).
 - If student has had any high school credits, high school transcript must be provided
- PARENTS/LEGAL GUARDIANS SIGNATURES (BOTH MUST PRINT NAME AND SIGN)**

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(Signature) (Print)

(Signature) (Print)

SCHOOL USE ONLY

Application Fee: _____ Check #: _____, Cash receipt # _____, or Credit Card receipt # _____
Date: _____

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 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 • FES-UA • HOPE • FES-EO • AAA

Trivium: • Preschool • PreK/Kindergarten • Primary • Grammar • Logic • Rhetoric Notes:

THANK YOU FOR CONSIDERING OUR SCHOOL FOR YOUR CHILD!

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