

PAIDEIA CLASSICAL ACADEMY 2026-2027 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 APPLICATION

START DATE: _____

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:** _____

Valid as of February 17, 2026. All 2026-2027 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:

_____ 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: _____

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? _____

Being a PCA family means being a part of a covenant; in order to minimize its costs of operation, PCA needs the support of its families in the form of mandatory stewardship hours, as well as participating in its diverse fundraising opportunities. ALL PCA events are equally designed to both contribute to a stronger PCA-families community, but also to fundraise for the various needs of constant development. Is this something you are willing to be a part of? _____

What talents can you share with the school community? _____

Checklist of MANDATORY 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

Valid as of February 17, 2026. All 2026-2027 prior forms have become obsolete, and this form must be signed instead.

PARENTS/LEGAL GUARDIANS SIGNATURES (BOTH MUST PRINT NAME AND SIGN)

(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:

FACTS Fee _____ Check #: _____ Date: _____ • Entered in FACTS

Scholarships: • FTC • FES-UA • HOPE • FES-EO • AAA

THANK YOU FOR CONSIDERING OUR SCHOOL FOR YOUR CHILD!