

PRESBYTERIAN CHRISTIAN SCHOOL

Elementary Campus (K-6)
3901 Lincoln Road
Hattiesburg, MS 39402
(601) 268-3867

High School Campus (7-12)
221 Bonhomie Road
Hattiesburg, MS 39401
(601) 582-4956

FOR OFFICE USE ONLY:

Date received: _____
Application Fee Paid: _____
Interviewed _____
Date Accepted: _____
Records Requested: _____
Date of Withdrawal: _____

APPLICATION FOR ADMISSION/READMISSION

SCHOOL YEAR _____ IF ENTERING KINDERGARTEN, CIRCLE ONE - HALF DAY/FULL DAY ENTERING GRADE _____

STUDENT'S FULL NAME _____
LAST FIRST MIDDLE GOES BY

HOME ADDRESS _____
STREET CITY COUNTY ZIP

PHONE _____ DATE OF BIRTH _____ AGE _____ SEX _____

SOCIAL SECURITY# _____ PUBLIC SCHOOL DISTRICT IN WHICH YOU LIVE _____

LAST SCHOOL ATTENDED _____ PHONE _____

SCHOOL ADDRESS _____
STREET CITY STATE/ZIP

WITH WHOM DOES THE STUDENT RESIDE (If other than both parents):

LAST FIRST MIDDLE RELATIONSHIP

Use "Same" if applicable

FATHER'S NAME _____
LAST FIRST MIDDLE

HOME ADDRESS _____
STREET CITY STATE/ZIP

HOME PHONE # _____ EMAIL ADDRESS _____

OCCUPATION _____ EMPLOYER _____

BUSINESS PHONE _____ CELL PHONE/PAGER _____

MOTHER'S NAME _____
LAST FIRST MIDDLE

HOME ADDRESS _____
STREET CITY STATE/ZIP

HOME PHONE# _____ EMAIL ADDRESS _____

OCCUPATION _____ EMPLOYER _____

BUSINESS PHONE _____ CELL PHONE/PAGER _____

PERSON RESPONSIBLE FOR TUITION PAYMENTS _____

HOME ADDRESS _____
STREET CITY COUNTY STATE /ZIP

PHONE _____ OCCUPATION _____ EMPLOYER _____

BUSINESS PHONE _____ CELL PHONE _____

IN CASE OF EMERGENCY (IF PARENTS UNAVAILABLE) CALL _____

RELATIONSHIP _____ PHONE _____

PATERNAL GRANDPARENTS _____ PHONE _____

HOME ADDRESS _____

MATERNAL GRANDPARENTS _____ PHONE _____

HOME ADDRESS _____

APPLICANT'S BROTHERS AND SISTERS

Name	Present Age	Present Grade	Present School

FAMILY CHURCH MEMBERSHIP AT _____

STUDENT'S MEDICAL HISTORY:

1. Does your child have any physical or emotional problem which requires special medication or attention? _____

Briefly explain _____

2. Does your child have any type allergic reactions? _____

Briefly explain _____

For information only the name of your student's physician is:

Dr. _____ PHONE _____

I authorize Presbyterian Christian School to administer minor or incidental first aid, such as Tylenol, should my child become ill or injured while under school supervision. In the event of a more serious illness or injury, I authorize PCS to:

- ❖ Contact a parent or legal guardian of the student and follow his/her instructions.
- ❖ In the event a parent or legal guardian of the student cannot be reached immediately, the School authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the hospital or medical facility for consultation and/or treatment. Such transportation is to be done either by school provided transportation or, if the school officials deem it preferable, by ambulance.
- ❖ If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the principal or his designated representative to furnish on my behalf such written or oral authorization as may be so required.
- ❖ Furthermore, I release the principal or his designated representative and Presbyterian Christian School from any liability which might arise as the result of medical service and treatment provided by any physician or hospital or medical facility pursuant to such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises. I agree to indemnify and hold harmless Presbyterian Christian School, the Principal, or his representative from any expense incurred for said treatment or services.

Parent's signature _____ Date _____

FIELD TRIPS/PHOTO RELEASE:

- ❖ I give my permission for my child to participate in school-sponsored and school-related activities and trips as part of the programs of Presbyterian Christian School. This permission extends to travel to and from, as well as participation in, these activities and trips. I hereby release the Presbyterian Christian School principal, teachers, and parent chaperones from any and all liability for accident, personal injury, property damage, etc., which may occur while my child is participating in these field trips.
- ❖ I give Presbyterian Christian School permission to use photographs of my child taken on behalf of the school in newspapers, advertisements, publications, or other media.

Parent's signature _____ Date _____

ADMISSION POLICY:

- ❖ The School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarships and loan programs, and athletic and other school-administered programs.
- ❖ Priority of admission to the school will be granted to currently enrolled students, and children of members of the supporting churches (Bay Street, Woodland, and First Presbyterian Churches). Priority of admission to the kindergarten will also be granted to a specified number of students enrolled in First Presbyterian Church Kindergarten's four year-old program.
- ❖ To receive consideration, applications must be submitted on or before the priority deadline preceding the academic year for which enrollment is sought.
- ❖ PCS reserves the right to administer a drug/alcohol test on an individual if it is believed that a reasonable suspicion exists. All new applicants to PCS may be required to undergo a drug test at family expense.
- ❖ PCS prefers tuition payments to be made by bank draft.

REGISTRATION FEE:

A registration fee (see current Tuition and Fee schedule) should accompany this application, which will not be considered complete until the fee is paid in full. The registration fee is refundable only if Presbyterian Christian School is unable to accept the student.

Important: Please read carefully before signing

I understand that:

- ❖ All applications are made to the Board of Directors of Presbyterian Christian School, who have the right to accept or reject any application.
- ❖ Students are considered to be registered for the entire school year.
- ❖ Applicants agree to support the policies, regulations, and procedures of the school, as established by the Board of Directors and expressed in the PCS Handbook. These policies include, but are not limited to, instruction in the Christian faith, conduct and discipline, and fulfilling financial commitments to the school.

Parent's signature _____ Date _____

MISSION STATEMENT OF PCS

The mission of Presbyterian Christian School is to provide a comprehensive college preparatory education distinguished by a biblical world view to equip students with the moral integrity, intellectual capacity, and social conscience to impact the world for Christ.