

# Plaza Heights Christian Academy

1500 SW Clark Road  
Blue Springs, Missouri 64015  
Phone (816) 228-0670  
Fax (816) 229-4092

*A ministry of Plaza Heights Baptist Church*

## STUDENT APPLICATION FOR ADMISSION 2008-2009 School Year

*(TO BE COMPLETED BY PARENT OR GUARDIAN)*

Student's Name \_\_\_\_\_



*Train up a child in the way that he should go: and when he is old, he will not depart from it. Proverbs 22:6*

Since God's love extends equally to all people, Plaza Heights Christian Academy welcomes and encourages all children regardless of sex, race, color, nationality, or ethnic origin to apply for admission, financial aid, and any/all programs of the school and does not discriminate on the basis of sex, race, color, nationality, or ethnic origin in the administration of any program of the school.

### ***Office Use Only***

Date Application Received \_\_\_\_\_

Sibling of Current Student \_\_\_\_\_

Member of PHBC \_\_\_\_\_

# PLAZA HEIGHTS CHRISTIAN ACADEMY

1500 SW CLARK ROAD • BLUE SPRINGS, MISSOURI 64015 • PHONE (816) 228-0670 • FAX (816) 229-4092

**Please print neatly.** This application must be completed in full, signed, and submitted before your child will be considered for admission. Approved applicants will be enrolled in the order in which their applications were received.

## GENERAL STUDENT INFORMATION

Student Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street City, State Zip Code

Preferred Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Application Date: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

*To be eligible for enrollment, students entering kindergarten must be five by August 1st; students entering first grade must be six by August 1st. Students applying for kindergarten and first grade must attach a copy of birth certificate with application.*

Applying for Grade: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_ Age \_\_\_\_\_

Half Day \_\_\_\_\_ Full Day \_\_\_\_\_ (kindergarten only) Birthday (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Will require Before/After Care: AM \_\_\_\_\_ PM \_\_\_\_\_ Both \_\_\_\_\_ Has child made a profession of faith? Yes \_\_\_\_\_ No \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parents are (please circle one): Married Divorced Separated Single Widowed

Student lives with (please circle one): Parents Mother Father Other \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address \_\_\_\_\_ E-mail address: \_\_\_\_\_

Church Membership: yes \_\_\_\_\_ no \_\_\_\_\_ Church Membership: yes \_\_\_\_\_ no \_\_\_\_\_

Name of Church: \_\_\_\_\_ Name of Church: \_\_\_\_\_

## FIELD TRIP PERMISSION

I understand that special trips are planned for the children away from the school throughout the year. I am aware that they will be carefully arranged and supervised by an adequate number of adults. I give my permission for my child to go on PHCA field trips.

\_\_\_\_\_  
Parent's Signature