

*For office use only:*

**APPLICANT:** \_\_\_\_\_ Entering grade Fall 2011: \_\_\_\_\_  
Date Application rec'd: \_\_\_\_\_  Application Fee rec'd (\$75), Date: \_\_\_\_\_ \$ \_\_\_\_\_, Chk # \_\_\_\_\_  
 Campus Tour  Background/Criminal Check  Reference Checks  
Documents rec'd:  School records  Birth Certificate  Immunization records  
Assessment date: \_\_\_\_\_  Reviewed *Notes:* \_\_\_\_\_  
Interview date: \_\_\_\_\_ Student Accepted:  Yes  No  Wait List  
 Enrollment Fee rec'd (new students \$100 or current family new siblings \$50), Date: \_\_\_\_\_ \$ \_\_\_\_\_, Chk # \_\_\_\_\_

## ENROLLMENT APPLICATION

### Fall/Spring 2011-2012

#### *PCCS Mission Statement*

*To lead and guide children through a unique and enriching educational experience consisting of:*

- Exemplary college-preparatory curricula for Core Academics;
- Enrichment electives beyond the three "R's";
- Parent partnering for academic and organizational support;
- Diverse and challenging learning opportunities; and
- Christian teachers intent upon developing well-rounded character, fostering mutual respect, encouraging creativity, and promoting intellectual growth.

### PCCS APPLICATION AND ENROLLMENT PROCESS

**Application Fee due with completed Application: \$75 (nonrefundable)**

Thank you for your interest in *Poetry Community Christian School (PCCS)*. PCCS provides a Christian-focused, affordable and local educational option for area families. We are pleased to offer students core academics using nationally-recognized "Top 10" curricula along with more than 80 diverse enrichment courses each semester (e.g., Calligraphy, Honors-Shakespeare, Chess Rules & Strategies, Multi-Media Art, Pottery, Sign Language, Readers' Theatre, Weight Lifting, Gourmet Cooking, Literary Circles, Newspaper, Creation Station, Honors War Novels & Film, Examining Faith, and more). The PCCS campus is located on more than six acres in rural Poetry, Texas. Our facilities include the Elementary Building (7,500 sq. ft., Primer – 6<sup>th</sup>), Upper Building (6,000 sq. ft., 7<sup>th</sup> & up plus Media Center & Library) and a new Multi-Purpose Building (11,000 sq. ft.) which houses our indoor regulation-size basketball and volleyball courts, lunchroom, kitchen/concession stand, performance stage, computer lab, weight room, and learning differences center.

We encourage you to tour our campus during school hours to experience our school's atmosphere and observe our student body and teachers in action—please call our Admin Office to schedule an appointment. Once you have prayerfully determined that PCCS is a good match for your family, we encourage you to begin the enrollment process.

The PCCS enrollment process is competitive. Applications are accepted as early as January of the upcoming school year. Beginning in March, available spaces will be filled with applicants and families compatible with our school's values and goals. The following steps and information are required to begin processing this student's Application:

- **Campus tour (by appointment) by parent/guardian (Applicants in 7<sup>th</sup> grade & up must also tour)**
- **Completed Enrollment Application**
- **Copies of Birth Certificate, immunization records, grade reports, most recent standardized test scores, and all other academic files (including any special placement information and/or diagnostic testing) from current and prior schools (covering at least the last 2 years of attendance)**
- **Essay from students in 7<sup>th</sup> and up (see page 3)**
- **\$75 Application Fee (nonrefundable), which includes standard pre-admission testing. Specialized diagnostic, pre-admission testing may be required for students with documented or suspected educational gaps, special needs or learning differences at an additional fee not to exceed \$250, to be determined by PCCS.**

Upon receipt of *all* such information, PCCS will commence the review process by checking references, conducting background checks, and reviewing prior academic records. Provided this information meets PCCS requirements, we will schedule an academic assessment and may schedule a Core class observation or require additional information. If indicated, further testing may be required at an additional fee (see above). Qualified applicants and families will be scheduled for a final interview or be placed on the wait list. Acceptance will be determined after prayerful consideration of all information received.

Upon acceptance, an **Enrollment Fee of \$100 per student (or \$50 per new sibling of current families)** is due and you will be provided with an Enrollment Contract containing two payment options (payment in full or monthly payments via FACTS Tuition Management). We will need your signed Enrollment Contract along with the applicable deposit and FACTS form if paying monthly.

We look forward to meeting your family and acquainting you with our innovative and enriching educational program. Our classes are filling quickly--time is of the essence if you wish to enroll your children for the upcoming academic year.

<b>APPLICANT LAST NAME:</b>		First Name: _____ (Preferred: _____ )
<input type="checkbox"/> Male <input type="checkbox"/> Female		Middle Name: _____
Street Address (incl. Apt. #, City, State, Zip): _____		
Mailing Address (if different from above, incl. Apt #, City, State, Zip): _____		
Home Phone: ( _____ )		
Social Security No.:	Date of Birth:	Entering grade Fall 2011:
Ethnicity:	Texas Drivers License (as applicable):	
Applicant lives with (circle all that apply): Both parents Mother Father Stepmother Stepfather Legal Guardian Other:		

<b>"FATHER" INFORMATION *</b>	
Father's Last Name:	
<input type="checkbox"/> Biological <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other:	
First Name:	
Preferred Name:	
Middle Name:	
Alias (during last 10 yrs):	
Home Address	
City, State, Zip	
Mailing Address (if different from above)	
States lived in during last 5 years	
Home Phone	
Cellular	
Work Phone	
Occupation	
Employer	
Work Address	
E-mail	
Date of Birth	Ethnicity
Social Security # (for Background Check)	
TX Drivers License	

<b>"MOTHER" INFORMATION *</b>	
Mother's Last Name:	
<input type="checkbox"/> Biological <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other:	
First Name:	
Preferred Name:	
Middle Name:	
Alias/Maiden (during last 10 years):	
Home Address	
City, State, Zip	
Mailing Address (if different from above)	
States lived in during last 5 years	
Home Phone	
Cellular	
Work Phone	
Occupation	
Employer	
Work Address	
E-mail	
Date of Birth	Ethnicity
Social Security # (for Background Check)	
TX Drivers License	

**\*Please complete attached Appendix to include all other individuals in Parental Relation to the child.**

<b>SIBLINGS:</b>	(Please list names oldest to youngest)	Date of Birth	Gender	Grade in school	School
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		

**Applicant Information:**

**School Information:** Before this Application can be considered, PCCS must receive a copy of current and prior school records covering at least the last two years of attendance (including assessment scores, grade cards, special placement information, diagnostic testing, etc.). Failure to provide this information with your Application will delay the application process.

School Name (list most recent first)	City, State	Dates attended	Grades

**Learning, Medical & Conduct History:** Please answer each question for Applicant. If you answer “Yes” to any question, please use the space to the right to explain. Attach additional sheets if needed. Attach copies of diagnostic reports & other supporting documentation.

Trouble with attention or focus? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Trouble with hyperactivity? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Diagnosis of or ever been informed of suspected ADD/ADHD? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Trouble with reading, math or other academic area? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Diagnosis of or ever been informed of a suspected learning difference? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Ever been enrolled in speech, occupational, or physical therapy? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Ever been considered for or enrolled in school intervention services (e.g., language, dyslexia, special ed, reading recovery, RTI, PPCD, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Been referred to, received special help, or been tutored in any academic area at any time? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Any illness, disease or disability? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Any matter or condition that either has affected or may affect the Applicant’s general health, schoolwork or participation in school? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Any prescription medication now or in the past year? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(if so, please list type and condition for which it was prescribed)</i>	
For Applicant or any family or household member or guardian--any blood-borne or communicable disease? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Assigned to a special program due to misconduct, poor attitude or similar conduct? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Misconduct in school or otherwise, past or present? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Discipline or attitude difficulties, past or present? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Out-of-school or In-school suspension? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Asked to leave any school? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Detentions? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Served in “AEP” – Alternative Education Program? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Please list Applicant's extra-curricular interests:

Please describe why you think the Applicant would be well-suited to PCCS:

Circle the factors influencing you most in applying to PCCS:

Location	Christian focus	Core Program	Enrichment electives	Four-day schedule for Elementary and Jr. High
Non-public school	Parent involvement	Reasonable Cost	Curriculum	Displeasure with local school offerings

We first learned of PCCS from:

To help us know your child better, please describe your parental perspective of the Applicant. Include your child's strengths and abilities, special areas of interest (and areas of concern), and his/her relationship with God. You may use the back or attach an additional sheet.

What church does the family attend?

Church reference (name & phone):

Please describe how God plays a role in the daily life of your family:

**For students in 7<sup>th</sup> grade & up:** Please attach a one-page essay written in your own handwriting addressing the following topic: "How God is important in my life."

**PARENT PARTNERSHIP:** For the upcoming academic year, Parent Partnership hours are a minimum of 5 hours per month for each child enrolled plus participation during one Parent Work Weekend or completion of one pre-approved Special Project per semester. If our child enrolls at PCCS, I/we agree to meet our Parent Partnership requirement. Please see Parent Partner FAQ's posted on the website for more details.

**STATEMENT OF NONDISCRIMINATION:** *PCCS admits students of any race, color, national & ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.*

**STATEMENT OF FAITH:** By submitting this enrollment application, I/We understand and acknowledge the following multi-denominational Christ-centered beliefs and understand these will be an integral part of the PCCS program:

*There is one God who created our world. We acknowledge the Father, the Son and the Holy Spirit. Jesus Christ is God's Son, was born of a virgin, lived a sinless life and died to atone for the sins of human kind. Jesus Christ arose from the grave, ascended into Heaven and has provided salvation for those who believe on Him. The Bible is God's Holy guidance for our lives. Christian believers are to live in accordance with God's commandments and to proclaim the gospel to all the world. The two greatest commandments are: "You shall love the Lord your God with all your heart, and with all your soul, and with all your mind," and "You shall love your neighbor as yourself." Matthew 22:37-39. "For God so loved the world, that He gave His only Son, so that whosoever believes in Him shall not perish but have everlasting life." John 3:16.*

**FEE & PAYMENT CHOICES:** See the 2011-2012 Tuition Worksheets posted on the PCCS website as of March 1.

**REFERENCES:** *Are you acquainted with any current PCCS families? If so, please list:* \_\_\_\_\_

Please list three personal references below. References must be non-family members and include: one individual who personally knows the Applicant for at least the last two years, one individual who personally knows your family for at least the last two years, and a third scholastic reference from the Applicant's current teacher or principal.

Name	Phone numbers	E-mail Address (preferred)	Relationship to you & how long acquainted

**AUTHORIZATION:** By submitting this Application, the Applicant and family authorize PCCS to: obtain and discuss any scholastic information and files from prior schools, and perform background checks at any time on the parents, guardians, and other family members having access to PCCS, including those performing Parent Partnership obligations.

*As the Parent(s) (and/or Guardian) of the student Applicant named herein, I/We accept and agree with the Mission Statement and Statement of Faith of Poetry Community Christian School (PCCS) and agree upon acceptance of this Applicant to pledge ourselves to work with PCCS staff and teachers for the betterment of our school and its students, to abide by PCCS policies and to fulfill our monthly Parent Partnership. I/We further understand that the continued enrollment of the Applicant, if admitted to PCCS, shall be subject to payment of all PCCS fees and charges and compliance with PCCS policies and rules of conduct, including terms in the Enrollment Contract.*

\_\_\_\_\_  
Parent/Guardian, Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Parent/Guardian, Date: \_\_\_\_\_, 20\_\_\_\_

**Thank you for your interest in PCCS!**

# APPENDIX

## Other individuals in Parental Relation to the child

<b>“FATHER” INFORMATION *</b>			
Father's Last Name:	<input type="checkbox"/> Biological <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other:		
First Name:			
Preferred Name:			
Middle Name:			
Alias (during last 10 yrs):			
Home Address			
City, State, Zip			
Mailing Address (if different from above)			
States lived in during last 5 years			
Home Phone			
Cellular			
Work Phone			
Occupation			
Employer			
Work Address			
E-mail			
Date of Birth	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%; text-align: center;">Ethnicity</td> </tr> </table>		Ethnicity
	Ethnicity		
Social Security # (for Background Check)			
TX Drivers License			

<b>“MOTHER” INFORMATION *</b>			
Mother's Last Name:	<input type="checkbox"/> Biological <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other:		
First Name:			
Preferred Name:			
Middle Name:			
Alias/Maiden (during last 10 years):			
Home Address			
City, State, Zip			
Mailing Address (if different from above)			
States lived in during last 5 years			
Home Phone			
Cellular			
Work Phone			
Occupation			
Employer			
Work Address			
E-mail			
Date of Birth	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%; text-align: center;">Ethnicity</td> </tr> </table>		Ethnicity
	Ethnicity		
Social Security # (for Background Check)			
TX Drivers License			

**OTHER RELEVANT INFORMATION:**