

## **APPLICATION FOR ADMISSION**

### **PUNGO CHRISTIAN ACADEMY, INC.**

**Pungo Christian Academy, Inc. has provided a solid educational program in a Christian environment since 1968. Our students' personal development has been encouraged in spiritual, intellectual, physical and emotional capacities. By motivation, example and encouragement, learning occurs on all levels at Pungo Christian Academy, Inc. We hope that through our admissions procedure you will get to know Pungo Christian Academy, Inc. and that we may get to know your family.**

**Pungo Christian Academy, Inc. does not discriminate on the basis of race, sex, nationality or ethnic origin in the administration of its educational policies, admission policies or school programs.**

#### **Application Procedure**

**The application should be completed and returned to the Academy office as early as possible prior to the desired year of enrollment.**

#### **PUNGO CHRISTIAN ACADEMY, INC.**

**983 West Main Street  
Belhaven, NC 27810**

**Phone: 252 943-2678  
Fax: 252-943-3292**

**APPLICANT INFORMATION**

**Applicant's Name:**

\_\_\_\_\_ SSN# \_\_\_\_\_  
First Middle Last Nickname

**Home Address**

\_\_\_\_\_ **Street, RFD No., PO Box No. City State ZipCode**

**Home Telephone:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Candidate for Grade:** \_\_\_\_\_ **Female:** \_\_\_\_\_ **Male:** \_\_\_\_\_

**Entering Session:** \_\_\_\_\_  
**Present School:**

\_\_\_\_\_  
**School Address:**  
\_\_\_\_\_

**School Principal:** \_\_\_\_\_ **School Telephone** \_\_\_\_\_

**Hobbies, activities, interests and special awards in school/community:**  
\_\_\_\_\_  
\_\_\_\_\_

**If ever accelerated or held back in school, please describe the circumstances:**  
\_\_\_\_\_  
\_\_\_\_\_

**Has the Student ever been suspended or expelled? \_\_\_\_\_ If so, please explain the circumstances of student's suspension or expulsion. (Please give approximate dates).**  
\_\_\_\_\_  
\_\_\_\_\_

**Has the Student been enrolled in any programs for exceptional needs and/or abilities?**

**Please describe:**  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have any physical, emotional or learning handicaps which require special services or facilities? \_\_\_\_\_ Please explain: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_ Date of last hearing test: \_\_\_\_\_

Date of last eye exam: \_\_\_\_\_ Has student had psychological testing or educational assessment? \_\_\_\_\_ If so, please list tests and/ or assessments conducted and approximate dates:

\_\_\_\_\_

Has the student had problems related to alcohol or drugs? \_\_\_\_\_ Please explain:

\_\_\_\_\_

How do parents expect to participate in school activities?

\_\_\_\_\_

Parents special interest or hobbies: \_\_\_\_\_

\_\_\_\_\_

What are your educational goals for your child?

\_\_\_\_\_

\_\_\_\_\_

Other concerns of the parents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FAMILY INFORMATION

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

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

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

County of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_

Are parents separated? \_\_\_\_\_ Divorced? \_\_\_\_\_ Deceased? \_\_\_\_\_

Number of children in the family: Girls: \_\_\_\_\_ Ages: \_\_\_\_\_ Boys: \_\_\_\_\_ Ages \_\_\_\_\_

Other children who attend Pungo Christian Academy and grade: \_\_\_\_\_

Has the student ever attended Pungo Christian Academy \_\_\_\_\_ When? \_\_\_\_\_

Name: \_\_\_\_\_ Year: \_\_\_\_\_

We became interested in Pungo Christian Academy through: \_\_\_\_\_

I UNDERSTAND THAT ALL STUDENTS ENTERING PUNGO CHRISTIAN ACADEMY, INC. FOR THE FIRST TIME ARE GIVEN PROVISIONAL ADMISSION TO THE ACADEMY. THIS MEANS THAT THE STUDENT IS ADMITTED TO THE SCHOOL ON A TRIAL BASIS FOR SIX WEEKS. AT THE END OF THE SIX WEEK PERIOD, THE STAFF WILL REVIEW THE STUDENT'S EMOTIONAL, SOCIAL, AND ACADEMIC PROGRESS. IF THE STAFF DETERMINES THAT THE STUDENT HAS MADE A SUCCESSFUL ADJUSTMENT, HE WILL BE ACCEPTED. IF THE PLACEMENT IS NOT MEETING THE STUDENT'S NEED OR IS DETRIMENTAL TO HIS CLASSMATES, THE STUDENT WILL BE EXCUSED AND ANY UNEARNED TUITION WILL BE REFUNDED.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Parent/Guardian

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Parent/Guardian