## Student Application

Thank you for your interest in Power And Grace Preparatory Academy. We appreciate the opportunity to introduce you to our academically challenging, Christ-centered school, where we are Preparing Tomorrow's Leaders! Admission is open to students of any race, color, and national or ethnic origin who are looking for a Christian environment with an emphasis on teaching Biblical principles and truths along with strong academics.

The following is a list of procedures that will guide new students applying for admissions to Power and Grace Preparatory Academy:

- Tour of School (Optional) Limited Spots on Thursdays & Fridays from 1pm-2:30pm. Please Call.
- Submit Application
- Pay Application Fee (\$175.00)
- Admissions Coordinator will call you and schedule screenings and evaluations
  - O Screening dates for Pre-K K will be Monday, Wednesday, and Thursday at 11:45am 1:00pm
  - Screening dates for upper school will be the same days after school only at 3:30pm –
     4:30pm
- The Admissions Coordinator and Principal will determine if the applicant is accepted to school. The Parent will be notified within 24 hours if all documents have been received to make a determination. Once accepted into school, parents will begin the enrollment process.
- Disclaimers:
  - All applicants entering PGPA must be potty trained and able to use the restroom unassisted, to include all preschool students.
  - o All applicants must meet the Birthdate requirement as followed.
    - Pre-K 3 must turn 3 years old by Aug. 15
    - Pre-K 4 must turn 4 years old by Aug. 15
    - Kindergarten must turn 5 years old by Aug 15
  - Failure to disclose all academic, social/emotional, or discipline information for the
    applicant may result in automatic denial of the applicant. Upon acceptance, enrollee may
    not be able to continue as a student of PGPA, if parents are not forthcoming with all
    applicable information. Answering "yes" to any of the above does not preclude the
    applicant from enrollment.

Please remember that we are available to answer your questions and assist you in completing your student's application. We can be reached at (931) 320-9862.

Katobwa Stallworth Principal



Application School Year:	Grade Entering:				
<b>Applicants Information</b>					
Last: First:	Middle:				
Mailing Address (if different):					
Home Phone: ( Cell Phone: (	)				
Gender: MF Date of Birth://					
Place of Birth: City: County:					
Church Home: Pastor:					
Previous School:					
Previous School Address:					
Previous School Phone Number:					
Dates Attended: :	Grade Completed: :				
Reason for transfer/leaving:					
Has this student ever been a previous Power and					
Applicant: □ yes □ no Student: □ yes □ no If yes, g					
Additional Student Information					
	ving; Detention, Suspension, Expulsion, Withdrawn, pending				
disciplinary actions, or Repeated a grade?	g, 2 eventuon, 2 appendion, 2 inpandion, 11 innata in in, penamig				
□ yes □ no If yes, please explain:					
Has your child ever received any of the following:	services: Speech or Occupational Therapy, Reading				
Intervention? □ yes □ no If yes, please explain:	( ver vices) opecen or occupanional riverup), ricularing				
<i>J J /</i> 1 1					
Has your child ever Been tested for or diagnosed v	with a learning challenge or disability?				
□ yes □ no If yes, please explain:					
Does your child have an IEP/504 or ISP? □ yes □ n	no If ves, please submit documentation.				
Medical Information	7 /1				
Does this student have any medical conditions?	□ ves □ no If ves, please explain:				
,					
Does this student take any medication (prescribed or OTC) on a regular basis?					
□ yes □ no If yes, please explain:					
How did you hear about PGPA?					
What would you like for us to know about your					
•					
Please state below the reason you would like your child to be enrolled at Power and Grace Christian					
Academy:					
· -					
Is adoption or fostering part of your child's story?	? □ yes □ no If yes, please explain:				
·					



Household 1 (Primary residence) Information: *Household One defined as the PRIMARY residence of the student. This pare Address (street, city, state, zip):						
Parent/Guardian 1 □ Dr. □ Mr. □ Mrs. □ Miss □ Ms. □						
•	arent 🗆 Guardian 🗆 Other:					
Relationship to Applicant:     Father   Mother   Grandparent   Guardian   Other:     Last Name:   First Name:						
Gender:   Male   Female						
Marital Status: □ Married □ Divorced □ Separated □ Not Married □ Widowed						
Custodial rights?   yes   no Financially Responsible?						
Racaiva Correspondence? - vas - no						
Email 1:	Occupation:					
Ioh Title: Employer:	Occupation.					
Work Phone:() Cell Phone: ()	<del></del>					
vvoik i none.() cen i none. ()	<del></del>					
<b>Parent/Guardian 2</b> □ Dr. □ Mr. □ Mrs. □ Miss □ Ms. □ Relationship to Applicant: □ Father □ Mother □ Grandpotest Name: First Name:						
Gender: □ Male □ Female						
Marital Status: □ Married □ Divorced □ Separated □ Not	: Married   Widowed					
Custodial rights? □ yes □ no Financially Responsible? □						
Receive Correspondence? □ yes □ no	,					
	Occupation:					
Email 1:       @         Job Title:       Employer:						
Work Phone:() Cell Phone: ()						
\	<del></del>					
Parent Questionnaire Please give a brief, but comprehensive, personal TESTIM (May be typed and attached if desired.)	MONY of your relationship with Jesus Christ.					
Parent/Guardian 1:						
Parent/Guardian 2:						



Household 2 Information
Does the applicant have a parent / guardian that lives at another address? □ yes □ no
Address (street, city, st, zip):
Parent/Guardian 2-1 □ Dr. □ Mr. □ Mrs. □ Miss □ Ms. □
Relationship to Applicant: □ Father □ Mother □ Grandparent □ Guardian □ Other:
Last Name: First Name:
Gender: □ Male □ Female
Marital Status: □ Married □ Divorced □ Separated □ Not Married □ Widowed
Custodial rights? □ yes □ no Financially Responsible? □ yes □ no
Receive Correspondence? □ yes □ no
Email 1: Occupation:
Job Title: Employer: Work Phone:() Cell Phone: ()
Work Phone:() Cell Phone: ()
Parent/Guardian 2-2 Dr. Dr. Mrs. Mrs. Miss Ms. D
Relationship to Applicant:   Father   Mother   Grandparent   Guardian   Other:   ———
Last Name: First Name:
Gender: □ Male □ Female
Marital Status: □ Married □ Divorced □ Separated □ Not Married □ Widowed
Custodial rights? □ yes □ no Financially Responsible? □ yes □ no
Receive Correspondence? □ yes □ no
Email 1: Occupation:
Job Title: Employer:
Work Phone:() Cell Phone: ()
Parent Questionnaire
Please give a brief, but comprehensive, personal TESTIMONY of your relationship with Jesus Christ. (May be
typed and attached if desired.).
Parent/Guardian 2-1:
Parent/Guardian 2-2:
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## Character References

Please provide a name and email address for each requested referral. Our Admissions Team will notify each person listed of your request to be a referral. I understand that I am required to have two (2) character references for my child to complete the application process. These references should be sent directly to the school. Approved references will come from teachers, friends, or childcare provider. Pastor, bible schoolteachers, or extra-curricular instructor/sponsors are also preferred. We prefer that family members not be asked to provide character references.

I understand that information furnished by the individuals completing the Character References will become the property of Power and Grace Preparatory Academy. Furthermore, I waive all rights to examine the responses given.

Referral Name:	Referral Email:	
Referral Name:	Referral Email:	

## **Document Submission**

To complete your child's application file please submit the following documentation directly to the school in one email at the following email address; <a href="mailto:admin@powerandgraceacademy.org">admin@powerandgraceacademy.org</a>. You can also upload the documents online at powerandgraceacademy.org. Please note we cannot proceed forward with evaluations and screenings until we have received the following documentation.

- Student Photo
- o Last Year's Final Report Card
- Current Year Report Card
- o Student Handwritten Letter (4<sup>th</sup> Grade & Up) on why he/she would like to attend PGPA
- o Educational/Diagnostic or Psychological Evaluation Results, if applicable

## Signature

My signature below affirms that all the information contained in this application is correct, complete, and honestly presented. I understand that withholding or misrepresenting information in this application may jeopardize my child's admission.

<b>Parent Signature:</b>	Date:	

