



Pearl Harbor Christian Academy

94-1044 WAIPIO UKA STREET, WAIPAHU, HAWAII, 96797 (808) 678-3997

Date of Application: _____

Grade Applying For: _____

School Year: _____

A \$75.00, non-refundable application fee is due with this application. PreK, Jr. K & Kindergarten applicants must be 3, 4 or 5 yrs. old respectfully by July 31st for the school year applying.

APPLICANT INFORMATION:

Student's Name _____ Nickname _____

Address _____ Home Phone _____
Number and Street City State Zip

Email _____ Birth date _____ () Male () Female
(Email is PHCA preferred method of contact)

Any siblings who have or are attending PHCA? () Yes () No If yes, please list names and grades:

PARENT/GUARDIAN INFORMATION:

Please fill out the following parent information. If child is living with a guardian or step-parent, please provide the information about the guardian or step-parent as well in the appropriate section that follows.

Applicant lives with: _____

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work/Cell _____ / _____ Work/Cell _____ / _____

Marital Status of Parents:

() Married () Single () Divorced () Separated () Widowed

Guardian's Name _____ Guardian's Name _____

Relation to Child _____ Relation to Child _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work/Cell _____ / _____ Work/Cell _____ / _____

What do you see as your part in your child's education? _____

What prompted your application to P.H.C.A.? _____

PREVIOUS SCHOOL EXPERIENCE:

EDUCATION	Name & Address of School	Grades Completed	Dates of Attendance	
			FR:	TO:
List the last three schools your child has attended in order of most recent school attended.			FR:	TO:
			FR:	TO:
			FR:	TO:

Has the applicant ever been suspended or dismissed from any school? () Yes () No

Did the applicant receive or need any special services from previous schools? () Yes () No

If yes to either question, please attach separate sheet of paper with specific details of situation.

CHURCH AFFILIATION:

Religious Affiliation or Denomination _____ Church you attend _____

How often do you attend? _____ How long have you attended? _____

Which services do you attend? _____

List your child's Sunday School teacher's name _____

List a pastor or elder who could give you a reference (if possible):

Name	Church	Phone No.
Please list ministries (if any) in which you participate:		

EXTENDED CARE:

Will you be signing up your child for before or after school care on a monthly basis? ____Yes ____No

If yes, please indicate: ____Before ____After ____Both

FOR STUDENTS APPLYING FOR THIRD GRADE OR ABOVE:

Please have your child write in his own words a brief statement expressing why s/he wishes to attend PHCA.

Student Signature

I certify that the above information is complete and accurate. For preschool (and above), I verify that my child is completely toilet trained and uses the bathroom independently. Any information found to be inaccurate might be considered grounds for dismissal from this school. I understand that my child will attend Bible classes, will be presented with the Gospel and given opportunities to accept, commit to and share Jesus Christ as their personal Lord and Savior. PHCA holds the Bible as the inspired, only infallible, authoritative, inerrant, all sufficient Word of God (2 Timothy 3:15-17, 2 Peter 1:21). All subjects are taught with a Biblical Worldview and coincide with the teachings/doctrines of Calvary Chapel Pearl Harbor including but not limited to Creation (Genesis 1-2), Marriage, Moral Conduct, the Unique Roles of Male/Female (1 Corinthians 5:11; 6:9; 6:18-20; 7:1-3; 7:8-9; Romans 1:18-32) and Salvation (John 3:16-19, 5:24, Romans 3:23, 5:8-9, Ephesians 2:8-10, Titus 3:5).

I have read the "Application Instructions" for the grade my child is applying for and understand that all other requested documents must be received by stated due dates or as space permits in order for my child to be considered for enrollment. If my child is late or does not show up for entrance exam, he or she will only be rescheduled if there are other assessment times still available.

The following items will be attached before submitting this application:

- \$75.00 non-refundable application fee
- Copy of Birth Certificate
- Copy of most recent Report Card
- Entrance Exam Date Selection Form

Date

Parent Signature (Signature required)

For office use only:

- | | | |
|---|--|--|
| <input type="checkbox"/> Application Fee | (\$75.00 cash or check: _____) | Date Rec'd: _____ |
| <input type="checkbox"/> Report Card | | Date Rec'd: _____ |
| <input type="checkbox"/> Birth Certificate | | Date Rec'd: _____ |
| <input type="checkbox"/> Entrance Exam Form | | Date Rec'd: _____ |
| <input type="checkbox"/> Testing | a) Date Scheduled: _____ | b) Date Confirmed: _____ c) Date Completed: _____ |
| <input type="checkbox"/> Recommendations | a) Director/Admin: _____ | b) Teacher (K, 1-5, LA): _____ c) Teacher (Math): _____ |
| <input type="checkbox"/> Interview | a) Date Scheduled: _____ | b) Date Confirmed: _____ c) Date Completed: _____ |
| <input type="checkbox"/> Notification | a) Accept: _____ | b) Non-Accept: _____ c) Retest: _____ |
| <input type="checkbox"/> Enrollment | a) Enroll: _____ | b) Decline: _____ c) Past Due Date: _____ |
| <input type="checkbox"/> RenWeb Data | <input type="checkbox"/> Applicant Status Data Entry | <input type="checkbox"/> Enrolled in System |
| <input type="checkbox"/> Forms | <input type="checkbox"/> Letter of Intent | <input type="checkbox"/> Tuition Payment <input type="checkbox"/> Parent Commitment <input type="checkbox"/> Certificate of Release <input type="checkbox"/> Form 14 |