



PCAS

NEW STUDENT REGISTRATION FORM 2017-2018

(Separate Registration Forms must be completed for each Student)

Student's full name: _____ M () F () Grade Attending _____

Date of Birth: ____/____/____ Place of Birth: _____ S.S. #: ____-____-____

Email: _____ Cell: (____) ____-____

Home Address: _____ Home Phone: (____) ____-____

Parent/Guardian Information:

Father's Full Name: _____ SSN #: ____-____-____ Cell: (____) ____-____

Email: _____ Occupation: _____

Work Address: _____ Work Phone: (____) ____-____

Mother's Full Name: _____ SSN #: ____-____-____ Cell: (____) ____-____

Email: _____ Occupation: _____

Work Address: _____ Work Phone: (____) ____-____

Parent's are: Married _____ Divorced _____ Separated _____ Father or Mother Deceased _____

Guardian's Full Name: _____ SSN#: ____-____-____ Cell: (____) ____-____

Email: _____ Occupation: _____

Work Address: _____ Work Phone: (____) ____-____

Physician's Name: _____ Phone: (____) ____-____

Health/Medical Conditions: _____

Allergies: _____

Persons who may be called in the event of an emergency if parents are not available:

1) Name: _____ Phone: (____) ____-____ Relationship: _____

2) Name: _____ Phone: (____) ____-____ Relationship: _____

Parent/Guardian Signature: _____ Date: ____/____/____

***Acceptance is based upon previous academic and discipline records.
The school reserves the right to refuse the applicant.***

For Office Use Only

Date application received: _____ Date interview: _____ Accepted: () Not Accepted: ()

Principal's Signature: _____ Date: ____/____/____