



POTOMAC HEIGHTS CHRISTIAN ACADEMY
37A GLYMONT ROAD
INDIAN HEAD, MD 20640
301-753-9350 † 301-743-5211
FAX 301-743-5400

New Student Application

STUDENT DATA: **START DATE** _____ **GRADE** _____

Name: Last _____ First _____ Middle _____

Nickname _____ Church Affiliation _____

Gender Male Female Date of Birth _____ Bus Rider # _____ Car Rider

Home Address _____

City _____ State _____ Zip _____

Home Phone # _____ Email Home _____

Name, Address, and phone number of person responsible for tuition/fees payment:

Name _____ Phone # _____

Address _____

Student lives with: Both Parents Mother Father Guardian

PREVIOUS SCHOOL ATTENDED:

Name of School _____

Grades Attended _____ Dates Attended _____

School Phone # _____

ADDITIONAL INFORMATION:

Has this student ever been tested or evaluated for any disability such as Learning Disabilities, Attention Deficit Disorder, Emotional Disabilities, or Medical Condition? Yes No

Information about disabilities is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education or reasonable accommodation and will not be considered in determining whether he/she is otherwise qualified for admission; as such, if you answer "yes" to the question above, please provide on a separate sheet of paper the following information:

- The description of any disability or medical condition that may affect the applicant's ability to fully participate in the academic and/or other programs provided at our school;
- The dates of any IEP, Student Assistance Plan, Special Education Child Study, Special Education Eligibility Date from base public school and Special Education Triennial,

** NOTE: If applicable, we may request additional information from you and from an appropriate health professional.*

Father's Information

Name: Last _____ First _____ Middle _____

Home Address _____

Home Phone # _____ Home Email _____ Cell Phone # _____

Employer _____

Work Phone # _____ Work Email _____

Marital Status:

Married Single Separated Divorced* Father deceased Father Remarried

Mother's Information

Name: Last _____ First _____ Middle _____

Home Address _____

Home Phone # _____ Home Email _____ Cell Phone # _____

Employer _____

Work Phone # _____ Work Email _____

Marital Status:

Married Single Separated Divorced* Mother deceased Mother Remarried

**Note: In the event of a divorce, decree of custody must be filed in the school office, as well as any specific instructions regarding release of the child to a parent.*

How did you first hear about our Academy; Flyer Brochure Newspaper Ad _____

Friend _____ Web Site _____ Other _____

To be considered for admission, the following documents, including a non-refundable registration fee, must accompany this application:

1. Original birth certificate must be presented to school personnel for verification.
2. An up to date immunization record
3. Copy of Custody decree (if applicable)
4. Current report card including comments
5. Current standardized test scores

Printed Name of Mother/Guardian

Date

Signature of Mother/Guardian

Printed Name of Father/Guardian

Date

Signature of Father/Guardian

All applicants are considered without regard to gender, race, nationality or ethnic origin.



FINANCIAL AGREEMENT

Potomac Heights Christian Academy

Student Name(s)

Last First MI Grade Returning/New

Please fill in as it should appear on your account (Please Print)

Parent/Gaurdian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Father/Guardian Work _____ Mother/Guardian Work _____

- Registration fees are due at time of registration
- Book fees are due no later than July 15, 2011
- Student fees are due no later than August 15, 2011
- Tuition if paid in full is due on or before the first day of school
- Tuition if paid semi annually is due ½ on or before the first day of school and ½ on or before February 1, 2012
- Tuition paid monthly must be enrolled in FACTS

To enroll in FACTS, at E-Cashier, please follow the link at www.phca.us

I _____ agree that I am responsible for the Tuition and fees on the attached worksheet. I understand that all payments are due as stated above. There will be a \$40.00 charge for late payments received. If my account becomes 60 days delinquent, my child(ren) will not be allowed to attend classes until the account is up-to-date. I have read the financial agreement and will fulfill my responsibility as stated.

Signature of Person Responsible for Payments

Date