

STUDENT INFORMATION

Please complete this section for each student that is applying to PCCA.

Student's Full Name: _____

Applying for Grade _____ Student's Date of Birth: _____ Today's Date: _____

Student Standard of Conduct

Students at Providence Classical Christian Academy are expected to follow a standard of conduct in accordance with Christian principles. As a student of Providence Classical Christian Academy, you will be asked to agree with the following:

1. To cooperate respectfully and obey willingly those in authority.
2. To strive for excellence as a student.
3. To conform to the dress code that has been set by the school.
4. To refrain from dissension, gossip, grumbling, and complaining.
5. To submit to the discipline policy of PCCA.
6. To maintain high moral standards in words and actions.

Student Signature (3rd Grade & Up)

Parent's Signature

Kindergarten thru 4th Grade Only: Corporal Discipline Agreement

We have read Attachment 3, *Behavior Expectations and Discipline*. We opt to:

- Give our permission for this child to receive corporal discipline in the manner outlined by PCCA. **OR** Refuse our permission for this child to receive corporal discipline in the manner outlined by PCCA.

Reason for refusal: _____

Father's Signature

Mother's Signature

Attachment 5 - Emergency Medical Form

Please complete both sides of this form for EACH student.

Student's Full Name: _____ Date of Birth: _____

Permission to Administer Medication

Check the box for each medication you give PCCA permission to administer to your child:

<input type="checkbox"/> Tylenol or Generic Equivalent, Acetaminophen	<input type="checkbox"/> Motrin, Advil or Generic Equivalent, Ibuprofen	<input type="checkbox"/> Antacid (Tums, or other, including Generic Equivalent)	<input type="checkbox"/> Cough Drops
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I give Providence personnel (staff and parent volunteers) permission to administer the medications checked above to my child, as deemed necessary. In addition, I agree to hold harmless Providence personnel (staff and parent volunteers) from negative effects arising out of the administering of any and all medication.

Parent/Guardian Signature

Date

Physician(s) to contact in the event of emergency:

Specialty	Name	Phone #	Address
Primary – Family, Pediatrician, etc.			
Dentist			
Orthodontist			

Insurance Information:

Primary Carrier:	Policy #:
Secondary Carrier:	Policy #:

Medical History:

Allergies:	Chronic Medical Condition:
Current Medications:	Medications for Medical Conditions:
Date of Last Tetanus Shot:	Other Pertinent Medical Information:

Other Medical Information:

Please list any other medication conditions or information that you feel PCCA should be aware of: (Continue on additional sheet as necessary.)

Attachment 5 - Emergency Medical Form (Continued)

Please complete both sides of this form for EACH student.

Student's Full Name: _____ Date of Birth: _____

I hereby grant permission for PROVIDENCE CLASSICAL CHRISTIAN ACADEMY personnel (staff and parent volunteers) to take whatever steps may be necessary to obtain medical care for my child, if warranted. I agree to hold PCCA personnel harmless if negative effects arise from their attempt to treat or seek treatment for my child. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian
2. Attempt to contact the child's physician, listed on this form.
3. If PCCA cannot contact you or your child's physician, we will do any or all of the following:
 - a. Call another physician or the paramedics
 - b. Call an ambulance
 - c. Have the child taken to an emergency hospital in the company of a staff member.
4. Any expense incurred in seeking medical treatment will be the responsibility of the child's family.
5. The school will not be responsible for anything that may happen as a result of false medical or personal information given at the time of enrollment.

Emergency Medical Permission

TO WHOM IT MAY CONCERN: I hereby give my consent for medical treatment for my child, named above, in the event of an emergency at which time I cannot be reached. I give consent to transport my child by ambulance, if the situation warrants.

Parent/Guardian Signature

Date

Name of Parent(s)/Guardian(s): _____

Home Phone: _____

Mother's Work Phone: _____

Mother's Cell Phone: _____

Father's Work Phone: _____

Father's Cell Phone: _____

Emergency Contact (if parents cannot be reached) _____

Relationship to Student: _____ Phone: _____