

Dare to Soar  
**PINNACLE**  
CLASSICAL ACADEMY

2401 Joes Lake Road • Shelby, NC 28152 • www.pinnacleclassicalacademy.com

**Final Application: Grades K – 12**

Please type the information below then print and mail this form to Pinnacle Classical Academy.

(Form must be received at the school before the 10-day deadline for acceptance.)

Applying for GRADE: \_\_\_\_\_ (in YEAR 2019-2020)

**STUDENT INFORMATION**

LEGAL LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
PREFERRED / NICKNAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX: ( ) Male, ( ) Female  
STREET ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
MAILING ADDRESS (if different from above) \_\_\_\_\_ APT# \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
MOBILE PHONE NUMBER \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_ COUNTY OF RESIDENCE \_\_\_\_\_  
SCHOOL/ GRADE ATTENDED LAST YEAR \_\_\_\_\_  
RACE: ( ) White, ( ) Black/African American, ( ) Hispanic/Latino, ( ) Asian, ( ) Pacific Islander, ( ) Multi-Racial, ( ) Other \_\_\_\_\_

**PARENT INFORMATION**

PRIMARY PARENT LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
STREET ADDRESS (if different from student address) \_\_\_\_\_ APT# \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
MOBILE PHONE NUMBER \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
EMPLOYER/ OCCUPATION \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_  
VOLUNTEERING INTERESTS \_\_\_\_\_ SPECIAL TRAINING \_\_\_\_\_  
SECONDARY PARENT LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
STREET ADDRESS (if different from student address) \_\_\_\_\_ APT# \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
MOBILE PHONE NUMBER \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
EMPLOYER/ OCCUPATION \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_  
VOLUNTEERING INTERESTS \_\_\_\_\_ SPECIAL TRAINING \_\_\_\_\_

**SIBLING INFORMATION – INFORMATION ON SCHOOL-AGED CHILDREN ONLY**

NUMBER OF BROTHERS: \_\_\_\_\_ SISTERS \_\_\_\_\_ (please list)

\_\_\_\_\_  
NAME AGE

\_\_\_\_\_  
NAME AGE

\_\_\_\_\_  
NAME AGE

\_\_\_\_\_  
NAME AGE

**TRANSPORTATION**

How will this child get home the first day of school? ( ) Car ( ) Daycare / Activity Van, specify \_\_\_\_\_

How will this child get home on a daily basis? ( ) Car ( ) Daycare / Activity Van, specify \_\_\_\_\_

( ) In addition to the parents/guardians listed above, the following persons have permission to pick up my child from school (please print):

\_\_\_\_\_  
NAME RELATION

\_\_\_\_\_  
NAME RELATION

\_\_\_\_\_  
NAME RELATION

\_\_\_\_\_  
NAME RELATION

**PERMISSION TO PUBLISH**

I hereby give Pinnacle Classical Academy the right to use my child’s first name, photo, video and/or published project for publication on the PCA website and marketing materials, in addition to the local media.

( ) Yes, I have read and agree.

( ) No, I have read and do not agree.

( ) YES, I hereby give permission to release the parent(s) email(s) and contact information to PEAK (Parents Encouraging Academic Knowledge), PCA’s parent organization for the sole purpose of information and volunteering.

**LUNCH BUDDY INFORMATION**

The purpose of this form is to give or deny permission for your child to eat lunch with a classroom friend and their parent(s) and/or a college student.

( ) Yes, I give my permission for my child to participate in the lunch buddy program.

( ) No, I do not give permission for my child to participate in the lunch buddy program.

DUE TO HEALTH REGULATIONS, FOOD IS NOT TO BE SHARED BETWEEN STUDENTS. PARENTS PLEASE PROVIDE FOOD FOR YOUR CHILD ONLY. THANK YOU.

( ) I have read and agree.

**RESPONSIBILITY AGREEMENT**

Please read and check each requirement below. Each policy is available on the PCA website at [www.pinnacleclassicalacademy.com](http://www.pinnacleclassicalacademy.com).

( ) **Dress Code Uniform Agreement**

I have read and understand the uniform / dress code requirements and agree to abide by these requirements.

( ) **Daily Attendance Agreement**

I have read and understand the Student Attendance Procedure in the Parent/Student Handbook. I agree to have my child at school, ready to learn, by 8:00 am at the 3-11 Campus and 8:30 am at the K-2 Campus. If my child is absent, I agree to send in an attendance note the next day. I agree to have my child at school on time every day. I agree not to have my child dismissed early unless there is an emergency. I understand that in order for the school to receive optimal funding, all students must be in attendance the first 20 days. I agree to have my child at school, all day, the first 20 days.

( ) **Family Volunteer Time**

I agree to volunteer at least 4 hours a month and complete the volunteer application online. I understand I need to limit the time I volunteer in my own child’s classroom. However, I may accrue hours by attending classroom parties, eating lunch with my child, and /or chaperoning fieldtrips. I agree to check the website often to look for opportunities to volunteer in the classrooms, at lunch, for traffic duty, on the grounds, etc. I agree to attend all parent/student workshops offered by teachers throughout the year so I understand the curriculum and strategies to help my child(ren).

**Student Internet Usage**

I have read and understand the Student Internet Use policy that is on the school website. I will complete and sign the form on the website and return it to my child's teacher the first week of school.

**LEP ASSESSMENT (HOME LANGUAGE SURVEY)**

PCA, in compliance with the National Origin Section of Title VI of the Civil Rights Act of 1964, offers equal opportunity for education to all its students. The ESL program offers services in the form of added English language instruction to students in need of such services so that students may learn whatever they are capable of learning independent from any language barrier. Please take a moment to complete the following so that we may identify which students may need such services and which students speak other languages.

What is the first language you learned to speak? \_\_\_\_\_

What language do you speak most often? \_\_\_\_\_

What language is most often spoken in your home? \_\_\_\_\_

Besides languages studied in school, do you speak any language(s) other than English?

No  Yes, specify \_\_\_\_\_

**EMERGENCY INFORMATION**

**DOES YOUR CHILD REQUIRE MEDICATIONS?**

GIVEN AT HOME: ( ) No ( ) Yes, please list & specify: \_\_\_\_\_

TO BE GIVEN AT SCHOOL: ( ) No ( ) Yes, please list & specify: \_\_\_\_\_

( ) I agree to adhere to the policies on the website regarding medication at school, and I will print and complete the Medication Form on the website and return it to the school with the medication to my child’s teacher. **No medication** prescribed or over-the-counter will be administered to any child without the Medication Form completed and signed by a physician.

Every effort will be made to contact you in the case of an emergency involving your child. Please list any other emergency contacts in the order you would like them contacted if you can’t be reached. In the event of a medical emergency, 911 will be called.

**EMERGENCY CONTACT 1**

_____ NAME		_____ RELATIONSHIP
(_____) _____ PRIMARY PHONE NUMBER	(_____) _____ SECONDARY PHONE NUMBER	(_____) _____ OTHER

**EMERGENCY CONTACT 2**

_____ NAME		_____ RELATIONSHIP
(_____) _____ PRIMARY PHONE NUMBER	(_____) _____ SECONDARY PHONE NUMBER	(_____) _____ OTHER

**EMERGENCY CONTACT 3**

_____ NAME		_____ RELATIONSHIP
(_____) _____ PRIMARY PHONE NUMBER	(_____) _____ SECONDARY PHONE NUMBER	(_____) _____ OTHER

**MEDICAL PREFERENCES**

_____ CHILD’S DOCTOR	(_____) _____ DOCTOR’S PHONE NUMBER
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( ) I authorize PCA to secure emergency services for my child as needed.

_____ SIGNATURE OF PARENT / LEGAL GUARDIAN	_____ DATE
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**APPLICANT PHYSICAL/ MENTAL INFORMATION**

**Known Physical/ Mental Conditions**

Physical Disorders: ( ) No ( ) Yes, specify \_\_\_\_\_

Convulsive Disorders: ( ) No ( ) Yes, specify \_\_\_\_\_

Allergies: ( ) No ( ) Yes, specify \_\_\_\_\_

Sensitivities: ( ) No ( ) Yes, specify \_\_\_\_\_

Diabetes: ( ) No ( ) Yes, specify \_\_\_\_\_

Corrective Eyewear: ( ) No ( ) Yes, specify: ( ) Nearsighted, ( ) Farsighted

**Do any of the following apply to your child?**

ADHD/ ADD: ( ) No ( ) Yes, specify \_\_\_\_\_

Autistic: ( ) No ( ) Yes, specify \_\_\_\_\_

Behaviorally/ Emotionally Handicapped: ( ) No ( ) Yes, specify \_\_\_\_\_

Educable/ Mentally Handicapped: ( ) No ( ) Yes, specify \_\_\_\_\_

Trainable/ Mentally Handicapped: ( ) No ( ) Yes, specify \_\_\_\_\_

Deaf/Blind: ( ) No ( ) Yes, specify \_\_\_\_\_

Orthopedic Impaired: ( ) No ( ) Yes, specify \_\_\_\_\_

Speech/ Language Impaired: ( ) No ( ) Yes, specify \_\_\_\_\_

Traumatic Brain Injury: ( ) No ( ) Yes, specify \_\_\_\_\_

Severe/ Profound Mentally Handicapped: ( ) No ( ) Yes, specify \_\_\_\_\_

Other Health Impaired: ( ) No ( ) Yes, specify \_\_\_\_\_

Individual Education Plan (IEP): ( ) No ( ) Yes, specify \_\_\_\_\_

Academically Gifted Plan: ( ) No ( ) Yes, specify \_\_\_\_\_

504 Plan: ( ) No ( ) Yes, specify \_\_\_\_\_

Has your child ever been referred for special services? ( ) No ( ) Yes, specify (date, grade level, outcome) \_\_\_\_\_

**Has your child ever attended any of the following?**

Speech Therapy: ( ) No ( ) Yes, specify \_\_\_\_\_

Occupational Therapy: ( ) No ( ) Yes, specify \_\_\_\_\_

Physical Therapy: ( ) No ( ) Yes, specify \_\_\_\_\_

Educational Therapy: ( ) No ( ) Yes, specify \_\_\_\_\_

Psychological Services: ( ) No ( ) Yes, specify \_\_\_\_\_

**PARENT AGREEMENT**

To the best of my knowledge, the information given for my child is accurate and complete. By submitting this form, I acknowledge I have given all information concerning my child, and that I have read and accept all terms and conditions set forth in the Parent/Student Handbook and Student Code of Conduct. (<http://www.pinnacleclassicalacademy.com/policies/student-handbook>) I also agree to adhere to all Pinnacle Classical Academy policies and procedures.

( ) I have read and agree.

\_\_\_\_\_  
SIGNATURE OF PARENT / LEGAL GUARDIAN

\_\_\_\_\_  
DATE

**LIABILITY RELEASE**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, agree to hold harmless Pinnacle Classical Academy, its employees and affiliates from any liability for accident or injury, occurring to my child and/or family members, while on the PCA campus. I understand it is my responsibility to instruct my child/children in safety procedures and appropriate behavior and conduct while in PCA or on the PCA campus. Further, I understand that I am responsible for my child/children at all times when he/she is not under the direct supervision of a teacher or responsible adult during the school day or during school activities on the campus.

( ) I have read and agree.

\_\_\_\_\_  
SIGNATURE OF PARENT / LEGAL GUARDIAN

\_\_\_\_\_  
DATE

**FINAL REQUIREMENT**

I understand that by signing this form I am completing the enrollment for my child for the academic year of 2019-2020. By checking all policies above, I agree to abide by the requirements listed in order to complete enrollment. I have provided all accurate information regarding my child, his/her health, and his/her academic information, and I realize any false information provided or any information intentionally omitted may jeopardize my child's enrollment in PCA.

\_\_\_\_\_  
SIGNATURE OF PARENT / LEGAL GUARDIAN

\_\_\_\_\_  
DATE