

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 2021-2022)

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.

() **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, at the start of the school day. 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 2021-2022. 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