

# PORTLAND CHRISTIAN SCHOOLS

## APPLICATION FOR ADMISSION

*Please print in black ink or type*

For Office Use Only
Date Received: _____
Initials: _____
Fee Paid: _____
Check #: _____

**Application for campus:**  Elementary (K-6)  Secondary (6-12)

School Year Applying for: 20\_\_\_\_ - 20\_\_\_\_ Grade Applying for: \_\_\_\_\_

### STUDENT INFORMATION

STUDENT'S FULL NAME: \_\_\_\_\_  
(Last) (First) (Middle) (Name Used)  
(Please print name exactly as it should appear on all permanent records)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_ Check one:  Male  Female

Name of Parents or Guardian \_\_\_\_\_

Present Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Home Phone Cell Phone

Parent Email Address: \_\_\_\_\_

Applicant lives with (check all that apply):  
 Father  Stepfather  Grandparent  
 Mother  Stepmother  Guardian

Applicant's (check all that apply):  
 Father is deceased  Parents are divorced  
 Mother is deceased  Parents are separated

Father's Name: \_\_\_\_\_  
Last First

Mother's Name: \_\_\_\_\_  
Last First

Father's Occupation: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Service/Business Product: \_\_\_\_\_

Service/Business Product: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

School applicant is attending or last attended: \_\_\_\_\_

Name		School District		
Address	City	State	Zip Code	Phone Number

Please list siblings below:

Name:	M/F	Age	School or Occupation
_____			
_____			

Will any of the siblings listed above be attending PCS?  Yes  No

Has applicant applied to any Portland Christian School campus previously? \_\_\_\_\_ If so, what year? \_\_\_\_\_

Is either parent an alumnus of PCS? \_\_\_\_\_ If yes, graduation year: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

**To Be Completed by Parent or Guardian:**

Has applicant ever been retained? Yes No

Comments:

Has applicant ever been tested or received special help for a reading or learning difficulty? Yes No  
(If yes, please discuss the results and include a copy of the report.)

Has the applicant ever been diagnosed for or enrolled in any special education program or special school (e.g. resource room, L.D. placement, attention deficit, etc.)? Yes No If yes, please explain.

Does the applicant regularly require medication? Yes No If yes, please explain.

Has the applicant ever received severe disciplinary censure at school or from the community? Yes No  
If yes, please explain.

Why do you desire to have your child at PCS?

Please make a full statement describing your personal Christian experience and faith.

Family's Church \_\_\_\_\_ Address \_\_\_\_\_

Years in Attendance \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please check the appropriate boxes:

Applicant attends church regularly

Applicant attends Sunday School

Applicant belongs to church's youth group

Parents attend church regularly

Other \_\_\_\_\_

\_\_\_\_\_

**Other Important Information:**

Name of relative, if any, now or previously at PCS. (Please state relationship and/or grade)\_\_\_\_\_

We **first learned** of PCS through: (Please check only **one**)

- Student(s) currently enrolled                       Alumni     Catalog on private schools
- Pastor     Newspaper     Parents of PCS student
- Telephone book     Internet     Other \_\_\_\_\_

The **two factors** most influencing us to apply to PCS: (Please check only **two**)

- Location               Academic reputation       Christian philosophy       Displeasure with public schools
- Recommendations of PCS Families       Desire to attend private school
- Strength of extracurricular programs (i.e. athletics, fine arts)

In order to keep grandparents of our current students informed, they will receive selected school mailings and invitations to special events. Please list grandparents and give their addresses:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Mailings: Yes\_\_ No\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
 E-mail address: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Mailings: Yes\_\_ No\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
 E-mail address: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Mailings: Yes\_\_ No\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
 E-mail address: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Mailings: Yes\_\_ No\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
 E-mail address: \_\_\_\_\_

**PLEASE ENCLOSE WITH THIS APPLICATION:**

- ◆ \$150.00 Application Fee per student (Non-Refundable)  
Maximum \$300.00 per family per year
- ◆ Copies of required forms, tests, report cards, and release page as listed on the Portland Christian Schools Application Process page.
- ◆ Student application (grades 6 – 12)

**Please return completed forms to the campus to which you are applying.**

Portland Christian Schools  
 Secondary Campus  
 Attn: Admissions  
 12425 NE San Rafael St.  
 Portland, OR 97230-1818  
 503-256-3960

Portland Christian Schools  
 Elementary Campus  
 Attn: Admissions  
 11845 SE Market St.  
 Portland, OR 97216-3916  
 503-256-5455

Confidential recommendation forms from references should be sent separately. Please provide self-addressed, stamped envelopes to accommodate these references.

Portland Christian Schools complies with federal and state requirements for nondiscrimination on the basis of gender, race, color, national, or ethnic origin in admission and access to its programs and activities.