

APPLICATION FOR ADMISSION

828-572-2065
2822 Pooveys Chapel Church Rd. Hudson, NC 28638

All enrollment forms must be accompanied by a \$75 enrollment fee (one per student). Enrollment fee is non-refundable. Application will not be considered without application fee paid.

Pinemtnacademy.com
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Student's full name: _____

Current address: _____

City, State, Zip: _____ Phone: _____

Date of birth: _____ SSN# _____

Place of birth: _____

Grade last attended: _____ Grade(s) repeated: _____ Entering Grade: _____

School(s) attended previous year: _____

Ever dismissed, suspended or disciplined at any school? Yes _____ No _____

If yes, please explain: _____

Please describe any specific health problems or disabilities: _____

Has the student ever received special education services or had an IEP at any school? Yes _____ No _____

If yes, please explain: _____

Family Church: _____

Address: _____ Pastor: _____

In making this application, I understand:

1. The school reserves the right to dismiss any student who does not respect its spiritual standards and cooperate in the educational process.
2. My cooperation with the school is expected in: (a) regular tuition payment, (b) practical help, and (c) faithful prayer.
3. The administration has full responsibility for placing my child in the proper grade.
4. The teacher has full discretion in the classroom discipline of my child.
5. My child may go on scheduled field trips and other school activities.

Signature of parent or legal guardian _____ Date _____



PERSONAL AND FAMILY INFORMATION

How often has the student changed schools? _____

Are there any unusual factors about the student’s physical or mental health? Yes: _____ No: _____

If yes, please describe fully: _____

Are there any circumstances in the home situation that may affect the student’s adjustment or performance in the classroom? Yes: _____ No: _____

If yes, please describe fully: _____

Has the student made the decision to accept Jesus Christ as his or her personal Savior?

Yes: _____ No: _____ Don’t Know: _____

Father’s name: _____

Married: _____ Separated: _____ Divorced: _____ Widowed: _____

Has the father made the decision to accept Jesus Christ as his personal Savior? _____

Mother’s name: _____

Married: _____ Separated: _____ Divorced: _____ Widowed: _____

Has the mother made the decision to accept Jesus Christ as her personal Savior? _____

Please list the names and ages of any brothers and sisters: _____

Briefly describe why you would like for your child to be enrolled at Pine Mountain Academy: _____

We are willing to have our child trained in accordance with the statement of faith and school procedures and we personally ascribe to the statement of faith and school procedures.

Signature of parent or legal guardian: _____ Date: _____



EMERGENCY INFORMATION

Student's full name: _____

Address: _____

Date of Birth: _____

SSN#: _____

Father's Name

Mother's Name

Father's address (if different than student's)

Mother's address (if different than student's)

City, State, Zip

City, State, Zip

Home Phone

Home Phone

Email Address

Email Address

Employer

Employer

Work Phone

Extension

Work Phone

Extension

Family Doctor

Office Phone

In case of emergency, the school will attempt to reach one of the parents first. Please provide us with the names of two others who may be contacted when you cannot be reached.

Name

Phone

Relationship

Name

Phone

Relationship

In the event that my child is injured or needs medical attention of any kind, I understand that Pine Mountain Academy will attempt to reach me or one of the persons listed above. However, in the event that no one can be reached, I authorize Pine Mountain Academy to seek emergency medical treatment for my child when deemed necessary by the administration or faculty/staff member in charge of my child. I authorize the doctor chosen by Pine Mountain Academy to treat my child, including injections, stitches, or any other medical procedure necessary.

Signature of parent or legal guardian: _____ Date: _____



Statement of Cooperation

In making application to Pine Mountain Academy, I understand and agree to the following:

FINANCIAL GUIDELINES

- It is my responsibility as a parent/guardian to pay tuition on the current financial information sheet and my tuition contract.
- No records will be released until all bills are paid up-to-date; delinquent payment may be cause for suspension and having my account turned over to an outside agency for collections.
- The Application, Enrollment, Curriculum, and Activity Fees are non-refundable.
- Assessments will be made to cover lost or damaged school property.
- Students with delinquent accounts may be excluded from participating in semester exams, final exams, graduation exercises, or extra-curricular activities.

DISCIPLINE GUIDELINES

- The school reserves the right to dismiss any student who is found to be out of harmony with the rules and policies of Pine Mountain Academy.
- The teacher and school administration are hereby given full discretion, within school policy, concerning the discipline of my child.
- Disciplinary measures include, but are not limited to, conduct reports, suspensions, and expulsions.

ACADEMIC GUIDELINES

- The school administration assumes the final responsibility for the grade placement of my child.
- To help my child master the material being taught at school, I will work with my child at home as needed and will take responsibility for my child completing his assignments on time.

RELIGIOUS GUIDELINES

- Students are expected to be open to the biblical teachings of the school.
- I understand that the school does not allow the expression of any religious belief (whether verbal, visual, or otherwise) that are out of harmony with the teachings and beliefs of Poovey's Chapel Baptist Church.

HEALTH CARE GUIDELINES

- I understand that the school does not currently employ a registered nurse; a member of the office staff is assigned to oversee the health care needs of the students.
- I will cooperate with the health care policies of the school.
- If my child is injured or becomes ill, I request that the school take whatever action it deems necessary, which may include contacting a parent, administering first aid, calling 911, etc.

ADDITIONAL JUNIOR HIGH GUIDELINES

- My child is expected to establish and maintain a Christian testimony with the staff and students.
- I will ensure that my junior high child attends a Bible-preaching church each week.

GENERAL GUIDELINES

- I will ensure that my child participates in all required school activities.
- As a parent, I am expected to support the standards, policies, and teachings of the school at home.
- Should there be any questions or concerns involving the school, I agree to contact the teacher or the administration (without involving other school families) in an attempt to resolve the concern.
- Should the problem with the school not be remedied, I agree to quietly withdraw my child from school without encouraging discord or unrest among the other school families.
- I agree not to hold Pine Mountain Academy liable for enforcing their guidelines and policies.
- I understand that my child may be photographed and his/her image may be used for promotional purposes.

I have read the information in this application and agree to cooperate with the Pine Mountain Academy Parent/Student Handbook and all other policies and guidelines. I understand that this Statement of Cooperation is subject to change at the discretion of the Pine Mountain Academy administration.

Parent Signature

Parent Signature

Date

