

Pines Christian Academy
Student Application

Phone: 530-873-1412
Fax: 530-873-3455

Student's Name: _____ Age _____ Applying for Grade _____
Last First Middle

___ Girl ___ Boy Goes by “ _____ ” Date of Birth ___/___/___ Birthplace _____

Residence _____
Street City State Zip

Mailing Address _____
P.O. Box City State Zip

E-Mail Address _____

Last School Attended _____

Address _____
Street City State Zip

Grade _____ Name of Teacher _____ Phone _____ - _____ - _____

Name of church student regularly attends _____

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Parents or Guardians with whom the student is residing:

Name _____ Occupation _____

Employer _____

Daytime Phone: Home _____ - _____ - _____ Work _____ - _____ - _____ Cell _____ - _____ - _____

Please check any of the following, which apply

widower widow separated divorced remarried married single

Have you personally received Jesus Christ as your savior? Yes No

Name of church you regularly attend _____

Briefly explain custodial arrangements including residence arrangements, visitation schedules and any other information that would be beneficial in contacting you, any other parent, and/or your child.

Person(s) Financially Responsible for Account _____

How did you hear about Pines christian Academy? _____