



Dear Applicant,

Thank you for your interest in Perryton Christian Academy. We are humbled and grateful for your consideration in educating your child(ren) and look forward to getting to know you better through this process.

Please fill out the application and paperwork that is included and include the \$50 application fee. You can drop it off at our campus located at 1800 SW 24th St. You may also mail it to PO Box 1251, Perryton, TX 79070. Applications will be processed once all the paperwork and documentation have been received. Please note that the health screening that requires a doctor's signature may be completed by your doctor at your next well-check visit and turned in once that has been completed or by the first day of school.

Enrollment opens in March, and we close enrollment as soon as our classes are full. We will notify you as soon as your application has been processed, usually within a few weeks of receiving it!

Perryton Christian Academy is a community Christian school assisting families by providing excellence in academics while instilling biblical principles in students' lives so they might impact their society for Christ. We support families seeking a loving, caring, and Christ-centered academic environment, equipping students with the character and skills to navigate life successfully for God's service. We are an evangelical school. This means that all students, whether born-again believers in Christ or not are welcome at our school. We believe evangelism to students and parents is an important part of the Academy's educational process.

If you have any questions, please feel free to call or send a text message at (806) 228-9069, or email me at [jknowlton@perrytonchristian.org](mailto:jknowlton@perrytonchristian.org). I look forward to working with you!

Blessings,

Jana Knowlton  
Administrator  
Perryton Christian Academy

# Perryton Christian Academy

PO Box 1251, Perryton, TX 79070

806-228-9069

## Student Application 2024-2025

Applying for Grade:  3-yr-old PreK Half Day  Kindergarten  4<sup>th</sup> Grade  8<sup>th</sup> Grade  12<sup>th</sup> Grade  
 3-yr-old PreK Full Day  1<sup>st</sup> Grade  5<sup>th</sup> Grade  9<sup>th</sup> Grade  **2 DAY Option**  
 4-yr-old PreK Half Day  2<sup>nd</sup> Grade  6<sup>th</sup> Grade  10<sup>th</sup> Grade  
 4-yr-old PreK Full Day Grade  3<sup>rd</sup> Grade  7<sup>th</sup> Grade  11<sup>th</sup> Grade

*Perryton Christian Academy admits students of any race, color, national origin, or ethnicity to all the rights, privileges, programs, and activities made available at the school.*

## STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender ( ) Male ( ) Female

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Has the applicant ever repeated a grade? If yes, please explain: \_\_\_\_\_

School last attended: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
In applying for admission, I authorize other schools/daycares, counselors, or physicians to release and share with PCA information and records regarding my child's educational, developmental, and behavioral progress.

## FAMILY/GUARDIAN INFORMATION

Father's/Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Occupation: \_\_\_\_\_

Lives with student \_\_\_ Yes \_\_\_ No Responsible for Billing for Tuition and Fees \_\_\_ Yes \_\_\_ No

.....  
Mother's/Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Occupation: \_\_\_\_\_

Lives with student \_\_\_ Yes \_\_\_ No Responsible for Billing for Tuition and Fees \_\_\_ Yes \_\_\_ No

If parents are divorced, please indicate who has legal custody: \_\_\_\_\_

If one parent has sole primary custody, custodial legal documents are required by the school before enrollment.

## MEDICAL HISTORY - to be completed by parent or guardian

### General Medical Information

Are there any special factors, conditions, or other reasons that the applicant cannot participate fully during normal school activities, including any special medications, allergies, or anything affecting your child about which the school needs to be informed? ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_

Does the applicant have any physical, mental, or emotional problems? ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_

Has the applicant been recommended for or undergone any developmental or educational testing to determine the existence of learning disabilities or need for special education services? ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_

Does the applicant take prescription medication daily? If yes, please list:  
Medication(s): \_\_\_\_\_ Purpose: \_\_\_\_\_

Please complete information on any of the following at apply to the applicant:

Hospitalizations: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Allergies: \_\_\_\_\_

Handicaps: \_\_\_\_\_

Is your child currently under ongoing doctor's care \_\_\_\_\_ If so, for what reason? \_\_\_\_\_

Please check if your child has a history of any of these: Convulsions \_\_\_\_\_ Diabetes \_\_\_\_\_ Heart trouble \_\_\_\_\_

Any other health concerns that you feel we should know about? \_\_\_\_\_

### CHURCH INFORMATION

***Church membership and attendance are not required from our students. But we like to know what churches are represented in our student population if you do attend church.***

Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

### MISCELLANEOUS INFORMATION

Does the applicant have any siblings? ( ) Yes ( ) No If yes, please list the other children:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

## Emergency Care Information

Name of Emergency Contact	Relationship to child	
Address	Phone number	Alternate phone number

Name of Alternate Emergency Contact	Relationship to child	
Address	Phone number	Alternate phone number

Name of Physician:	Address:	Office Phone #
Name of Dentist:	Address:	Office Phone #
Hospital Preference in Emergency:	Address:	Phone #

**In the case of a medical emergency, we need your signature to authorize Perryton Christian Academy to act as a liaison for you, including authorizing a physician to provide emergency medical care. Please sign below if you consent:**

*In the event of a medical emergency, if neither the family physician nor I can be contacted immediately, I authorize Perryton Christian Academy and/or medical personnel to provide emergency medical care to my child.*

\_\_\_\_\_

(Signature of Parent/Guardian)
(date)

**\*\*\* Please attach a copy of your child's medical/dental insurance, a copy of your child's birth certificate, any relevant custody paperwork, and a copy of immunization records or exemption letter.**

### STATEMENT OF COOPERATION

I acknowledge that to the best of my knowledge, the preceding information is accurate and true. In making an application for my child, I desire to have him/her receive quality training in a Christian atmosphere. In addition, I realize that attendance at Perryton Christian Academy is a privilege and not a right. Whenever my child or I refuse to cooperate with the spirit of the school or its rules, I realize that I may be asked to withdraw my child.

I permit Perryton Christian Academy for my child to take part in all school activities, including field trips away from the school premises. Moreover, I absolve Perryton Christian Academy of any liability for my child because of any injury at school or during any school activity.

Should legal action, for any reason, be taken against Perryton Christian Academy or any employee or agent thereof and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Perryton Christian Academy or its agent should incur to defend itself against such action.

\_\_\_\_\_

(Parent or Guardian Signature)
(Date)

\_\_\_\_\_

(Parent or Guardian Signature)
(Date)



# Admission Agreement 2024-2025

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(Student Name)

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(Date of Birth)

*Perryton Christian Academy is a community Christian school assisting families by providing excellence in academics while instilling biblical principles in student's lives so they might impact their society for Christ. We support families seeking a loving, caring, and Christ-centered academic environment, equipping students with the character and skills to navigate life successfully for God's service. In preschool - 5th grade we are an evangelical school. This means that all students whether born-again believers in Christ or not are welcome at our school. We believe evangelism to students and parents is an important part of the Academy's educational process. Beginning with middle school we turn our focus to become a discipleship school. This means that the student or at least one of the parents professes to be a born-again believer in Jesus Christ.*

This admission agreement is made between Perryton Christian Academy and the parent(s) or legal guardian(s) of the student. In consideration of the services provided by PCA, the parent or guardian agrees as a condition of enrollment of their student, to abide by the terms and conditions of this as follows:

1. The parent/guardian agrees that the parent(s) and the student will cooperate fully with PCA to ensure full compliance with all health, safety, and discipline rules and policies.
2. The parent/guardian agrees to keep the school informed of any medical or behavioral concerns and/or changes of their student throughout the time of enrollment.
3. The parent/guardian agrees to partner with PCA for the education of their child and will work with PCA personnel, including handling complaints, disagreements, and/or legal matters in a professional manner as outlined in the Handbook.
4. The parent/guardian agrees to abide by financial terms and conditions including payment of all fees, tuition, and aftercare charges.
5. The parent/guardian agrees that enrollment may be terminated by either party without cause and that the parent is responsible for any fees and costs incurred before termination of enrollment.
6. The parent/guardian agrees to pay for any property damage or medical services resulting from the child's care and acknowledges that PCA cannot be responsible for the child's lost or damaged property.

We have read all of the above information and agree to our child's admission into PCA under these terms.

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(Parent or Guardian Signature)

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(Date)

---

(Parent or Guardian Signature)

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(Date)



# Permissions and Acknowledgements 2024-2025

\_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
(Date of Birth)

### **Field Trip Permission**

I permit my child to go on field trips for educational and/or recreational purposes with Perryton Christian Academy. I understand that information will be given regarding the specifics of each field trip in advance, and students can always opt out of field trips if desired.

\_\_\_\_\_  
(Parent or guardian signature) (date)

### **Transportation Permission**

I permit my child to be transported by the Perryton Christian Academy van to and from field trips and events and/or between campuses.

\_\_\_\_\_  
(Parent or guardian signature) (date)

### **Water Play Permission**

I permit my child to participate in water play activities at or away from the Academy, such as sprinkler play (on non-slip surfacing), swimming pools (with proper precautions and lifeguards), and wading pools.

\_\_\_\_\_  
(Parent or guardian signature) (date)

### **Acknowledgement of receipt of Handbook, Discipline Policies, and Child Abuse and Neglect Policies**

I acknowledge I have received PCA's student handbook and agree to abide by the policies therein. I also received a copy of the Academy's discipline policies and a copy of the Academy's and the State's policies regarding Child Abuse and Neglect (all are made available to you on our website at [www.perrytonchristian.org](http://www.perrytonchristian.org)).

\_\_\_\_\_  
(Parent or guardian signature) (date)

### **Permission to Photograph**

My child's photograph may be used as indicated below:	Yes	No
Display in the classroom, classroom work and artwork	_____	_____
PCA Yearbook	_____	_____
Private PCA Parent Facebook page	_____	_____
Public media such as Newspapers, public Facebook posts, and/or promotional materials	_____	_____

\_\_\_\_\_  
(Parent or guardian signature) (date)

# PCA Tuition Schedule 2024-2025

Student Name \_\_\_\_\_

## TUITION FEES (all are non-refundable)

Application Fee - \$50 (new students only) (WAVIED IF TURNED IN BY 5/15/24)  
Preschool-High School School Supply Fee - \$125                      Hybrid School Supply Fee - \$60

### Half-Day Preschool

Pay in full - \$2750  
Monthly (10 payments: August-May) - \$275  
Registration Fee & Curriculum Fee - \$175

### Full-Day Preschool

Pay in full - \$3150  
Monthly (10 payments: August-May) - \$315  
Registration Fee & Curriculum Fee - \$200

### Kindergarten – 5<sup>th</sup> Grades

#### **Full-Time Students**

Pay in full - \$3500  
Monthly (10 payments: August-May) - \$350  
Registration Fee & Curriculum Fee - \$325

### Kindergarten – 5<sup>th</sup> Grades

#### **Two-Day Option Students**

Pay in full - \$2000  
Monthly (10 payments: August-May) - \$200  
Two-Day Curriculum Fee - TBD per student

### 6th-12th Grades

#### **Full-Time Students**

Pay in full - \$3950  
Monthly (10 payments: August-May) - \$395  
Registration Fee & Curriculum Fee - \$325

### 6th-12th Grades

#### **Two-Day Option Students**

Pay in full - \$2250  
Monthly (10 payments: August-May) - \$225  
Two-Day Curriculum Fee - TBD per student

## DISCOUNTS (Tuition only)

Pastors' Children – 50% discount  
Full-Time Employees' Children – 50% discount

## TUITION PAYMENT OPTIONS: Please indicate your preference for Tuition payment.

\_\_\_\_\_ Pay in full – Due August 1, 2024,  
\_\_\_\_\_ 10-month Payment – 10 monthly payments due on the 1<sup>st</sup> of each month from  
August 1, 2024 – May 1, 2025,  
\_\_\_\_\_ Other if arranged with Mrs. Cowan: \_\_\_\_\_  
\_\_\_\_\_ **Personal or business check**                      \_\_\_\_\_ **Cash**  
\_\_\_\_\_ **ACH automatic withdrawal (please attach voided check with your banking information)**

## FEE PAYMENT OPTIONS: Please indicate your preference for Fee payment.

\_\_\_\_\_ **Personal or business check**                      \_\_\_\_\_ **Cash**  
\_\_\_\_\_ **ACH automatic withdrawal (please attach voided check w/ your banking information & completed ACH Form)**

**I agree to pay all tuition, fees, and aftercare charges for my child's enrollment at PCA.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## Authorization for Automated Deposits (ACH Credits)

Company/Employer Name: \_\_\_\_\_

Company/Employer ID Number (optional): \_\_\_\_\_

I (we) hereby authorize **Perryton Christian Academy**, hereinafter called Company,, to initiate credit entries and to initiate, if necessary, debit and adjustments for any credit entries in error to my (our) checking / savings account (select one below) indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same to such account.

Name on Bank Account: \_\_\_\_\_

Depository/Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Routing/ABA # \_\_\_\_\_ Account # \_\_\_\_\_

Name (signature) \_\_\_\_\_ date \_\_\_\_\_

Name (signature) \_\_\_\_\_ date \_\_\_\_\_

Employer ID Number \_\_\_\_\_

**Please attach a voided check if a checking account is selected.**

FOR COMPANY USE ONLY

Date received:

Processed by:





# Authorized Drop-off and Pick-up 2024-2025

\_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
(Date of Birth)

1.

\_\_\_\_\_  
*(Name of Person authorized to pick up your child)*

\_\_\_\_\_  
*(Driver's License #)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(Phone #)*

\_\_\_\_\_  
*(Alternate Phone #)*

2.

\_\_\_\_\_  
*(Name of Person authorized to pick up your child)*

\_\_\_\_\_  
*(Driver's License #)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(Phone #)*

\_\_\_\_\_  
*(Alternate Phone #)*

3.

\_\_\_\_\_  
*(Name of Person authorized to pick up your child)*

\_\_\_\_\_  
*(Driver's License #)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(Phone #)*

\_\_\_\_\_  
*(Alternate Phone #)*

4.

\_\_\_\_\_  
*(Name of Person authorized to pick up your child)*

\_\_\_\_\_  
*(Driver's License #)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(Phone #)*

\_\_\_\_\_  
*(Alternate Phone #)*

5.

\_\_\_\_\_  
*(Name of Person authorized to pick up your child)*

\_\_\_\_\_  
*(Driver's License #)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(Phone #)*

\_\_\_\_\_  
*(Alternate Phone #)*

6.

\_\_\_\_\_  
*(Name of Person authorized to pick up your child)*

\_\_\_\_\_  
*(Driver's License #)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(Phone #)*

\_\_\_\_\_  
*(Alternate Phone #)*

## CHILDREN'S MEDICAL REPORT

***This form does not need to be included with initial admission paperwork – please ask your child's physician to complete this at your child's next well-check visit, or by before August 1, 2024.***

### PHYSICAL EXAMINATION

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's height \_\_\_\_\_ weight \_\_\_\_\_

Should activities be limited for this child? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

The state of Texas Vision and Hearing Screening Program, Chapter 36 of the Health and Safety Code requires that all children ages 4 and older enrolled for the first time in any public, private, parochial, or denominational school must be screened or have a professional examination for possible vision and hearing problems.

**VISION SCREENER REPORT**					
<b>DISTANCE ACUITY SCREEN:</b>  With correction: <input type="checkbox"/> Yes <input type="checkbox"/> No  Chart Used: Letter <input type="checkbox"/> Rt Eye 20/___ <input type="checkbox"/> Lft Eye 20/___ "E" <input type="checkbox"/> Rt Eye 20/___ <input type="checkbox"/> Lft Eye 20/___ HOTV <input type="checkbox"/> Rt Eye 20/___ <input type="checkbox"/> Lft Eye 20/___ Autom. Screening Device _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<b>HIRSCHBERG CORNEAL:</b>  <b>Light Reflex Test</b> <input type="checkbox"/> Light Reflection is centered or slightly toward the nose the same distance in each eye. <input type="checkbox"/> Light reflection is not centered nor slightly toward the nose the same distance in each eye. <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<b>COVER AND UNCOVER:</b>  <b>NEAR: 12 TO 13 INCHES</b> <input type="checkbox"/> No Eye Movement <input type="checkbox"/> Eye Movement <input type="checkbox"/> PASS <input type="checkbox"/> FAIL  <b>FAR: 10 to 20 feet</b> <input type="checkbox"/> No Eye Movement <input type="checkbox"/> Eye Movement <input type="checkbox"/> PASS <input type="checkbox"/> FAIL			
Signature of Screener: _____			Date of Screening: _____		
Referral to primary care provider: <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>					
**SWEEP-CHECK HEARING SCREENING REPORT**					
	Ear	1 1000 Hz	2 2000 Hz	3 4000 Hz	Results
First Screen:	R	dB	dB	dB	<input type="checkbox"/> <b>PASS</b>
Date:	L	dB	dB	dB	<input type="checkbox"/> <b>FAIL</b>
Signature of Screener: _____				Date of Screening: _____	
Referral to primary care provider: <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>					

*Please include a copy of Immunization Records, or use the chart below. Students not current on immunizations need an explanation from the doctor indicating the plan to bring immunizations up-to-date, or an exemption letter from parents. Students must meet State and Local requirements for exemptions to be granted.*

### IMMUNIZATION HISTORY

Enter the date of each immunization received.

VACCINE	#1	#2	#3	#4	#5
<b>DTaP</b> (diphtheria, tetanus, and acellular pertussis) <b>5 doses</b>					
<b>Polio -4 doses</b>					
<b>Hib</b> (Haemophilus influenza) <b>3-4 doses</b>					
<b>Measles - 2 doses</b>					
<b>Mumps – 2 doses</b>					
<b>Rubella – 1 dose</b>					
<b>Hepatitis B - 3 doses</b>					
<b>Varicella – 1 dose</b>					

If immunizations are missing, please explain: \_\_\_\_\_

I have examined the above-named child and find that he/she is able to participate in PCA programs and activities.

Physician's Signature: \_\_\_\_\_ Date \_\_\_\_\_



(Must be completed for all students applying for 1st grade and up)

### CONFIDENTIAL STUDENT EVALUATION

Name of Student: \_\_\_\_\_

Grade to which applying: \_\_\_\_\_

To the Parent:

Please complete the top section of this form and give it to your student's guidance counselor or principal. By signing here, you permit the following information to be released to Perryton Christian Academy. You understand that it will be treated confidentially and will not be released to you.

Signature of Parent: \_\_\_\_\_

To the Reference:

The student named above is applying for admission to Perryton Christian Academy. We would appreciate your evaluation of this student. This information will be kept confidential and will assist the administration in determining if PCA is a suitable school for the applicant. Please mail or fax the completed form, plus all educational records to the address/email below. Thank you for your assistance.

Please indicate your rating by numbers (1-5):

1 = weak, 2= below average, 3=average, 4=above average, 5 = outstanding

Academic Ability _____	Motivation _____	Maturity _____
Integrity _____	Spiritual Growth _____	Conduct _____
Parental Support _____	Involvement in Activities _____	

Has this student ever been suspended or expelled from school? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Do you have any knowledge of this student presenting "bully" behavior, using foul language, illicit drugs, or alcohol? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Do you have any concerns regarding the success of this student? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Is this student currently receiving special education services or on a 504 plan? \_\_\_\_\_ If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

Signature of reference: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Name(printed): \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please mail or email to Perryton Christian Academy, PO Box 1251, Perryton, TX 79070; askipper@perrytonchristian.org**



## PASTOR'S RECOMMENDATION

**A. To be filled out by the applicant.**

Family Name \_\_\_\_\_  
Names of children seeking admission to Perryton Christian Academy  
\_\_\_\_\_  
\_\_\_\_\_

**II. To be filled out by the Pastor and sent from the Pastor directly to the school:**

Describe the family's church attendance:  
\_\_\_\_\_ regular (3-4 X per mo) \_\_\_\_\_ Irregular (1-2 X per mo) \_\_\_\_\_ Seldom  
Church membership of parents: \_\_\_\_\_ both parents \_\_\_\_\_ father \_\_\_\_\_ mother \_\_\_\_\_ neither  
Is the family active in your church beyond Sunday attendance? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are the children active in the youth program of the church? \_\_\_\_\_ yes \_\_\_\_\_ no  
Do you consider the children open to spiritual instruction? \_\_\_\_\_ yes \_\_\_\_\_ no  
What is your understanding of this family's relationship with God? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any concerns that should be known by the school that could either positively or negatively influence the decision of the Admissions Committee? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you recommend the family for admission to Perryton Christian Academy? \_\_\_\_\_

Pastor's Signature \_\_\_\_\_  
Pastor's Name (printed) \_\_\_\_\_  
Church Name \_\_\_\_\_

Please return to Perryton Christian Academy, PO Box 1251, Perryton, TX 79070  
email: [jknowlton@perrytonchristian.org](mailto:jknowlton@perrytonchristian.org)

## Application Checklist

- Student Application
- \$50 Application fee
- Copy of Birth Certificate
- For Students entering 2nd to 6th: A copy of the students' most recent report card and prior year report card
- If the applicant is receiving classroom accommodations due to a diagnosed learning difference, please submit current diagnostic testing and/or 504 plan.

**The following should be sent directly to the School Office by others:**

- Confidential Student Evaluation to be completed by a previous school counselor or principal
- Confidential Pastor's Recommendation

## Application Procedure

### Admission Interview

Once the completed application is received an interview may be scheduled. The admission interview is an opportunity to discuss philosophy compatibility, answer your questions, and assess whether our program meets your needs.

### Admission Testing

Admission testing will be conducted on an as-needed basis.

### Acceptance

Official acceptance (or non-acceptance) is communicated to all families in writing. All information from the application, interview, and testing will be considered to determine acceptance or non-acceptance. It will be determined on a case-by-case basis.

Perryton Christian Academy, Inc., admits students of any race, color, national origin, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate based on race, color, national origin, or ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.