



**Palmetto Christian School**  
 6790 S.W. 56 Street, Miami, FL 33155  
 305-662-2863

*Application for Admission*  
**2016-2017**

Please Note: In order to complete admission, a current physical examination (Form 3040), immunization record (Form 680 or 681), a copy of the child's birth certificate, a signed Parent Contract is required, and Registration Fee must be paid. Without the above listed items, your child's place within the classroom will not be guaranteed.

**PLEASE PRINT**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Entering Grade Level: \_\_\_\_\_

**STUDENT INFORMATION:**

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

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Male  Female  Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has Student attended Palmetto Presbyterian Preschool  Yes  No or Palmetto Christian School  Yes  No

Student's Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ School Address: \_\_\_\_\_

Has the Student Failed a Grade?  Yes  No

Has the Student Ever Been Dismissed From a School?  Yes  No

If Yes, Which School and Reason:

\_\_\_\_\_  
 \_\_\_\_\_

**HOME INFORMATION:**

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

Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph: ( ) \_\_\_\_\_ Cell Ph.: ( ) \_\_\_\_\_ Work Ph. : ( ) \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

E-Mail: \_\_\_\_\_

Would Like School Communication through E-Mail and/or Text Messaging?  Yes  No

Are You a Christian?  Yes  No Basis for Answer: \_\_\_\_\_

Church Family Attends? \_\_\_\_\_

Marital Status:  Married  Separated  Divorced  Single

Child Lives With: \_\_\_\_\_

Custody:  Mother  Father  Both  Other \_\_\_\_\_