



January 2011

Dear Parents,

Pantego Christian Academy is celebrating its 48<sup>th</sup> year serving the Lord and the children of Tarrant and Dallas Counties. Through the years, PCA has firmly established itself as a school dedicated to promoting life long learners and followers of Christ in all areas of their lives. They are now mothers and fathers, doctors and lawyers, professors and teachers, businessmen and employees who are dedicated Christians setting the standards and examples for future generations.

Though PCA is one of the largest independent Christian schools in Tarrant County and one of the largest Association of Christian Schools International accredited schools in Texas, you will find a warm and nurturing environment for your children to grow and learn about the world and its Creator. Offering classes for Pre-Kindergarten through 12<sup>th</sup> Grade provides a child the opportunity to stay in a Christian environment throughout their elementary and secondary education.

Pantego Christian Academy desires the opportunity to serve Christian students from around the world. We have actively pursued and received US Government approval to welcome international students to our campus on F1 visa's. We stand ready to welcome qualified students from all over the world.

Enclosed you will find additional information about our school. It is our desire that you consider our school for your child's educational needs.

We look forward to seeing you.

In Him,

Nancy Palavicini  
Registrar/International Student Admissions

# HIGH SCHOOL CURRICULUM 2011-2012

Beginning with Grade 9, students must earn 26-29 credits in order to graduate. The number of credits may vary due to Bible credits earned\*. PCA graduation plan exceeds the State of Texas Recommended Program, which establishes core curriculum for college admission.

In order to graduate from Pantego Christian Academy, students must earn passing grades in the following:

**Bible** 1 credit for each year enrolled at PCA. (Dual-Credit Religion 1321 & Philosophy 1313 Ethics, Honors Bible I, II, III, IV, Apologetics/Honors Bible) Honors Bible available for Bible I, II, III, IV

**English** 4 credits (Adv. Tract: Pre-AP English I, Pre-AP English II, Dual-Credit English 1301/1302, Dual-Credit English 2301/2302) (On-Level Basic Tract: English I, English II, English III, English IV)

**Math** 4 credits (Foundations of Algebra, or Algebra I\*\*\*, Geometry\*\*\*, Algebra II\*\*\*, Pre-Calculus, Pre-AP Pre-Calculus, Pre-AP Geometry, Pre-AP Algebra II, AP Calculus AB, College Algebra, Math IV; Dual-Credit Math 1301/1303, and Dual-Credit Calculus I)

**Science** 4 credits (Biology\*\*\* or Pre-AP Biology, AP Biology, Chemistry\*\*\* or Pre-AP Chemistry, Physics\*\*\* or Honors Physics, Anatomy & Physiology, and Engineering Design)

**Speech** ½ credit

**Social Studies**\*\* 4 credits (World Geography, World History, U.S. History, Government, Economics, AP U.S. History, AP Government). Honors available for World Geography & World History

**Physical Education** 1 credit (Speed & Strength Training (SST) is required for athletes)

**Fine Arts** 1 credit (Art I - 2D, Art I - 3D, Advanced Art, AP Studio Art, Band, Theater Arts, Digital Photography I, or Advanced Photography)

**Foreign Language** 3 credits Latin or Spanish. (Must be 3 credits in the same language.) Spanish IV and Honors courses available.

**Electives**\*\* ½ credit (May include courses such as Anatomy & Physiology, Theater Arts, Art I, Art II, AP Studio Art, Yearbook, Computer Programming, AP Psychology, Photography, and Dual-Credit courses: Business 1301, Religion 1321, and Philosophy 1313.)

*\*Students transferring to PCA are not required to have Bible credits for those semesters they were not enrolled in PCA.*

*\*\*Some courses will be offered based on teacher availability and scheduling.*

*\*\*\*Required courses.*

PCA offers the following type of honors or advanced courses: Honors, Pre-AP, AP, and Dual Credit:

- **Honors Courses:** Include contract Honors, which include contracts patterned after college honors contracts as well as advanced courses with additional course requirements.
- **Pre-AP Courses:** Pre-AP courses involve an accelerated pace in addition to requiring demonstration of higher level thinking skills.
- **Advanced Placement (AP) Courses:** AP courses are courses which have been reviewed by the college board and approved for the AP designation. AP courses utilize college level books and give students the opportunity to earn college credit by passing the AP exam.
- **Dual-Credit (D.C.) Courses:** Dual credit courses are taught on the PCA campus by faculty members who have advanced degrees in their subject matter. D.C. credits are offered through Texas Wesleyan University who pre-approves the PCA faculty, syllabi, and evaluates the faculty during the semester.

# STEPS TO REGISTRATION – International Students

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**Step 1.** Turn in the following documents to the Registrar's Office, with the \$100 application fee, in order for your application to be considered:

- **Student Application form** (2 pages)
- **Medical History form** (2 pages)
- **Emergency Medical form** – both copies
- **Immunization records** – with complete dates and validated with doctor's signature or clinic stamp
- **Passport** – copy
- **Guarantee of funds letter** - from your financial institution.
- **Covenantal Statement form**
- **Photo Release form**
- **TAAPS Application packet for Extra-Curricular Activities**
- **Report (Grade) Cards** - prior year and current year, a complete transcript of credits (high school students)
- **Teacher Recommendation forms (all students)** –  
One for elementary students, from their current homeroom teacher  
Two for secondary students, from their present math and language teachers  
Forms should be emailed directly to PCA.
- **School Principal Recommendation form (all students)** - from the school Principal, Assistant Principal, or Counselor. Form should be emailed directly to PCA.
- **Pastoral Student Recommendation form (secondary students only)** – The secondary student must be a follower of Jesus Christ, demonstrating evidence of such a belief in their lifestyle. At least one parent/guardian must be a Believer as well. Give this form to the student's youth pastor/leader. Form should be emailed directly to PCA.
- **Pastoral Family Recommendation form (all students)** – The family of a secondary student must be followers of Jesus Christ, demonstrating evidence of such a belief in their lifestyle. Give this form to whoever knows the family best at the church they are attending. Form should be emailed directly to PCA.

**Step 2.** Enrollment will be considered after all registration forms and requested documents have been presented for review. A Skype interview will be scheduled with the applicant and the school Principal. When the review process, and Skype interview, are complete, you will be notified to confirm or deny continuance of the registration process. If the student is accepted, at this point we will issue the I20 form.

**Step 3.** Upon arrival of your student at PCA, your non-refundable **Registration Fee** and other required fees (listed on the Financial Information page) are due. ***Students are not considered enrolled until the Application Fee, Registration Fee, Tuition, and all applicable fees are paid.***

# International Student Application

20\_\_ - 20\_\_ School Year

Pantego Christian Academy  
 2201 W. Park Row Drive ■ Arlington, TX 76013  
 (817) 460-3315

*Office use only*

Application fee	Med. Hist/Imm	Photo Release
Passport	Rep.Card/ Transcript	TAPPS
Funds report	Cov Stmt	Recom ms
Transcript ord:	Transcript rec'd:	

## Student information

Legal name:		Grade applying for:
Nickname:	Birthdate:	Country of origin:
Texas address:	city zip	Texas Home phone:
Race (circle one):	Asian Black Hispanic Caucasian	Gender:
Country of birth:	Country of Citizenship:	

## Student Church information

Name of church will be attending in Texas:		Church address:		
Church phone #:	Professes Christ as Savior: Yes No	Will Attend how often? (circle all that apply)	Church Sunday School	Regularly Occasionally
Name of Senior Pastor:		Name of Children's or Youth Pastor:		

## Parent information

Head of Household (circle one): Mr. Mrs. Ms. Dr. Rev.	Name:	Preferred name:
Marital status (circle one):	Married Separated Divorced Widowed	
Foreign Address:	City	Country Postal Code
Email address:	Phone #:	

## Spouse of Parent information

Name:	Preferred name:
Relationship to Student (circle one):	Parent Step-parent Grandparent Guardian

## Parent Church information

Name of church attending:	How long?	Name of Senior Pastor:
Church address:	Phone #:	
Professes Christ as Savior: Y N	Attends how often? (circle all that apply)	Church Sunday School Regularly Occasionally

## Siblings of Applicant

Name	Age	Grade	School Attending

## Texas Guardian information

Head of Household (circle one): Mr. Mrs. Ms. Dr.	Name:	Preferred name:
Marital status (circle one): Married Separated Divorced Widowed		
Email address:		
Work Phone #:	Cell Phone #:	

## Spouse of Guardian information

Name:	Preferred name:
Email address:	
Work Phone #:	Cell Phone #:

## Previous school(s) attended by student

School	Address	Phone #	Grade(s)	# of years

## Testing, Counseling, & Conduct Record

1. Has the applicant received testing or counseling by a psychologist, psychiatrist, or family counselor, or been diagnosed as having a learning difference? No \_\_\_\_\_ Yes\* \_\_\_\_\_ If yes, please provide copies of test results or consultation reports. A student may not be interviewed until this information is available and reviewed.
2. Has the applicant ever been suspended from school? No \_\_\_\_\_ Yes \_\_\_\_\_
3. Has the applicant ever been expelled from school? No \_\_\_\_\_ Yes \_\_\_\_\_
4. Has the applicant ever had an encounter with law enforcement or juvenile authorities? No \_\_\_\_\_ Yes \_\_\_\_\_

Please explain any "Yes" answers to the above questions on a separate sheet of paper.

## Statement of Parents(s)/Guardian(s)

In signing this application, I (we) understand that:

My (our) child will go on scheduled field trips and other activities;

The school is authorized to employ such discipline as it deems wise and expedient for my (our) child;

I (we)I hereby affirm that, to the best of my (our) knowledge, this applicant has been drug/alcohol-free for 12 months prior to application.

\_\_\_\_\_  
Father/guardian

\_\_\_\_\_  
Mother/guardian

# COVENANTAL STATEMENT

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***Our Mission: To work in partnership with parents to provide a Christian education, which prepares students for college and allows them to be lifelong learners who fulfill God's call in all aspects of their lives.***

*The Board of Trustees and Administration realize the importance of the personal profession and practice of Biblical Christian faith among those who make up the school family.*

Pantego Christian Academy is a Covenantal School. On a practical level, that means our Board of Trustees has adopted the policy that at least one parent of each student must be a confessing believer in Jesus Christ as our Lord and Savior in order for their child to be enrolled at PCA. However, that PCA is a Covenantal School has many implications beyond that very basic statement. Chief among them is the understanding that the Bible establishes Christian education as a unique and necessary responsibility of Christian parents and not that of any church or school. The Bible clearly instructs parents to bring children up in the discipline and instruction of the Lord (Ephesians 6:4).

As a result, when parents send their children to school, they only delegate a portion of their Biblical responsibility for their child's education. Therefore, a parents' selection of who will teach their child should be more than a concern with academics since schools also teach values and lifestyles. A partnership between PCA and the family implies some degree of consistency among what is taught at PCA, what is taught in the family's church, and what is practiced at home. Consistency (shared standards, beliefs and practices) among the family, the church and the school is an empowering factor in the life of a child. Therefore, it is critical that PCA families have regular Christian fellowship outside of school activities for support, encouragement and spiritual maturity. At PCA, we desire to teach and discipline in a manner that is consistent with the Bible, the church and a Godly home environment. This goal is only fulfilled through supporting parents who are already dedicated to similar goals in their home. This is the most important implication of PCA being a Covenantal School – a consistency in teaching and discipline with the family and church.

As believing parents of a student of PCA, we understand and acknowledge that PCA is a Covenantal School and the implications of that statement. As parent(s) or guardian(s) of the student(s) listed below, we agree with this Covenantal Statement and agree to provide the aforementioned Biblically based consistency for our child(ren) along with regular Christian fellowship outside of PCA.

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Signature of Father/Guardian

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Signature of Mother/Guardian

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Name(s) of Student(s) (PLEASE PRINT)

# MEDICAL HISTORY – International Students

20\_\_-20\_\_ School Year

Please Print

## Student Information

Student's name _____ ( _____ ) Birthdate _____ <i>Full legal name</i> <i>nickname</i>
Grade entering _____ Gender (circle one): Male Female
Texas address _____ Texas home phone # _____
Texas guardian name: _____
Home phone: _____
Business phone: _____ Cell: _____
Spouse of Texas guardian name: _____
Business phone: _____ Cell: _____

## Emergency Contacts (**Texas numbers only**)

Adults (other than parent/guardian) to whom the student may be released:			
_____	_____	_____	_____
<i>Name</i>	<i>Home phone</i>	<i>Work phone</i>	<i>Cell phone</i>
_____	_____	_____	_____
<i>Name</i>	<i>Home phone</i>	<i>Work phone</i>	<i>Cell phone</i>
_____	_____	_____	_____
<i>Name</i>	<i>Home phone</i>	<i>Work phone</i>	<i>Cell phone</i>

## Allergies (please specify)

Medications: _____
Foods: _____
Other: _____

## Tylenol/Benadryl

My child may have the following medications as needed, administered by school personnel during school hours:	Tylenol:	Yes	No	<i>(Note: Benadryl will be administered for allergic reactions <b>only</b>; it will NOT be given as treatment of colds or stuffy nose.)</i>
	Benadryl:	Yes	No	

**Respiratory Problems** (Please explain current treatment/medications)

Asthma: \_\_\_\_\_ Reactive Airway Disease: \_\_\_\_\_  
Other: \_\_\_\_\_  
Will your child be carrying an inhaler? Yes No  
*(If Yes, a signed Physician's Request for Self-administration of Medication by Student MUST be on file.)*  
Will an inhaler be available in the First Aid Station or Secondary School reception counter? Yes No

**Medical History**

Check any of the following conditions your child has or has had and explain in detail below any current or long-term **TREATMENT/MEDICATIONS/EDUCATIONAL ADJUSTMENTS**:

<input type="checkbox"/> Blood disorder (anemia, etc.)	<input type="checkbox"/> Ear problem (deafness, mastoiditis, etc.)	<input type="checkbox"/> Endocrine disorder (diabetes, hypoglycemia, etc.)
<input type="checkbox"/> Emotional problems (depression, anxiety, etc.)	<input type="checkbox"/> Liver disorder	<input type="checkbox"/> Surgeries
<input type="checkbox"/> Seizure disorder (epilepsy, etc.)	<input type="checkbox"/> Kidney stones or disease	<input type="checkbox"/> HIV or AIDS
<input type="checkbox"/> Learning difference (ADD, etc.)	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Heart problems
	<input type="checkbox"/> Frequent infections	<input type="checkbox"/> Rheumatic fever
	<input type="checkbox"/> Migraines	<input type="checkbox"/> Vertigo/fainting spells
		<input type="checkbox"/> Sinus problems

EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
*(If additional space is needed, please attach a separate sheet to this form.)*  
Any limitations/activities your child should not engage in? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
Any long-term medications to be administered at school? Yes No  
*(If Yes, a signed Physician's Request for Administration of Medication by School Personnel MUST be on file.)*  
List all long-term medications your child currently takes, with dosage amount and medical condition involved: \_\_\_\_\_  
Any social or family situations/problems of which the school should be aware? \_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that to the best of my knowledge the information supplied herein concerning my child's physical and emotional health is accurate and complete, and I agree to keep PCA apprised of any changes to this information that may occur during the course of this school year.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
*Parent or Legal Guardian*

PLEASE COMPLETE BOTH COPIES

# **Emergency Medical Authorization 2011-2012**

Pantego Christian Academy

(Off-campus/On-campus)

PLEASE PRINT FIRMLY

Student legal name \_\_\_\_\_ Grade \_\_\_\_\_

In the case of an accident, injury, or illness, I authorize the ACADEMY to seek and obtain any medical help it may deem necessary for my child. I will not hold the ACADEMY liable in the case of any accident, injury, or illness.

In the event I cannot be contacted to arrange for emergency medical attention for my child at the time of an on-campus accident, injury, or illness, I hereby authorize the ACADEMY to call 911 and have my child transported to the nearest hospital emergency room for any necessary medical treatment.

SIGNATURE \_\_\_\_\_  
*Parent or Legal Guardian*

DATE \_\_\_\_\_

# **Emergency Medical Authorization 2011-2012**

Pantego Christian Academy

(Off-campus/On-campus)

PLEASE PRINT FIRMLY

Student legal name \_\_\_\_\_ Grade \_\_\_\_\_

In the case of an accident, injury, or illness, I authorize the ACADEMY to seek and obtain any medical help it may deem necessary for my child. I will not hold the ACADEMY liable in the case of any accident, injury, or illness.

In the event I cannot be contacted to arrange for emergency medical attention for my child at the time of an on-campus accident, injury, or illness, I hereby authorize the ACADEMY to call 911 and have my child transported to the nearest hospital emergency room for any necessary medical treatment.

SIGNATURE \_\_\_\_\_  
*Parent or Legal Guardian*

DATE \_\_\_\_\_

# Photo Release

## International Student

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PCA occasionally submits photographs for publication in local newspapers which show our students participating in classroom and service activities. The newspapers now require a signed parental release before they will publish pictures of students. Additionally, we use photographs and quotations in promotional materials and on our school's website.

Pantego Christian Academy has my permission to use my child's photos and/or comments in promotional material, the school's website, and general publicity.

**Student's Name:** \_\_\_\_\_ **Grade entering:** \_\_\_\_\_

**Parent/Guardian signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# Texas Association of Private and Parochial Schools

## Foreign Student Application

In addition to United States citizens, many TAPPS schools provide an opportunity for students from other countries to matriculate. The International Students present a unique opportunity for TAPPS in that both Foreign Exchange and Foreign resident students may attend schools approved by the Department of Homeland Security. In order to maintain a level field of competition for all schools, TAPPS has developed the guidelines and regulations presented in Section 102 of the TAPPS By-Laws for International Students. In this manner, TAPPS supports the International ministries of our member schools.

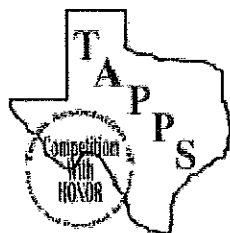
**Foreign Exchange Student**

A Foreign Exchange Student must be certified through a Council on Standards for International Education Travel (CSIET) United States Foreign Exchange Program and may remain in the United States for less than one calendar year.

**Foreign Resident Student**

A Foreign Resident Student is not a citizen of the United States. This student may have entered the United States on an F1 or J1 visa or been approved by the United States government as a Permanent Resident.

Date of Submission

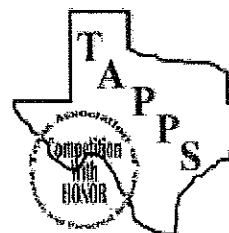


TAPPS City

TAPPS School

Person submitting information

E-mail



Student's Full Name

(as it appears on Passport and Birth Certificate - do not use nicknames)

Student's Address

(Permanent address in Home Country)

Persons living at permanent address

(Mother, Father, etc.)

Student's Date of Birth

Student's Gender

## Family Information

Father's Full Name

Father's Present Employer

Father's Occupation

Mother's Full Name

Mother's Present Employer

Mother's Occupation

Did student's parents move to the United States with the student?

Student Grade Level in Home Country

Student Grade Level at TAPPS School

Has student repeated any grade?

Will student be repeating a grade at TAPPS school?

Date of Application to TAPPS School

Date of First Attendance at TAPPS School

## Educational Background

Home Country and United States

	First Secondary School	Second Secondary School	Third Secondary School	Fourth Secondary School
School Name				
School City				
Telephone Number				
Administrator				
Date of First Attendance				
Date of Last Attendance				
Grades Attended				
Who paid for education?				

# School Selection

Date student first contact with TAPPS school

Name of first contact at TAPPS school

Who made the arrangements for first trip to TAPPS school?

Relationship to student?

Who paid for this trip?

Relationship to student?

Who selected the TAPPS School?

Other than family, who was influential in the selection?

How was the TAPPS School selected?  
(be as specific as possible in space provided)

Why was the TAPPS School selected?  
(be as specific as possible in space provided)

Explain student involvement in selection process?  
(be as specific as possible in space provided)

If TAPPS school was recommended to family, specifically who made the recommendation?

Basis of the recommendation for this TAPPS School

Relationship to this TAPPS School

Relationship to family or student

## Athletic Participation

Prior to arrival in the United States has the student ever	Yes	No	Date	Contact Person	Institution
Communicated with any coach or person about athletic participation in the United States?					
Discussed athletic participation in the United States with any coach or person in Home Country?					
Communicated with any agent or sports representative or consultant about athletic participation in the U.S.?					
Discussed athletic participation in the United States with any corporate representative?					
Attended any sports camps in the United States?					
Attended any athletic camps in home or other country?					
Been selected for, tried out for or participated on any national team prior to or during the current year?					

Has student ever	Yes	No	Contact Person	Organization	Explanation *
Been nationally ranked in a sport?					
Been provided lodging by a sports team or program?					
Been provided meals by a sports team or program?					
Been provided travel expenses by a sports team, or individual?					
Received compensation for participation on a sports team?					
Received merchandise or other items of benefit for participation in a sports team or competition?					
Received payment of educational expenses for participation on a sports team or program?					
Competed with or against a team whose players were being paid for participation on a sports team?					
Agreed to pay any individuals or organizations money in the future for past or present assistance?					

\* If necessary, please provide additional information or explanation on separate page.

## Student Living Arrangements while in the United States

Host Family / Guardian Full Name

Host Family / Guardian Address

Host Family / Guardian Phone

Host Family / Guardian E-mail

What is the relationship of host family to the student?

If other, please explain.

Was the Host Family appointed legal guardian of the student in a United States Court of Law?

If no, please explain and attach Affidavit of Guardianship.

Did the parent or guardian move to the United States with the student?

If yes, please explain.

What is the relationship of host family to the TAPPS School?

How did the family first make contact with the host family? (be specific)

Amount being paid Host Family for lodging?  Amount being paid Host Family for board?

If none to either lodging or board, please explain.

Has Host Family previously hosted students?  Number of students presently hosting

Please list all previous TAPPS students hosted by this family in last 5 years. Attach separate sheet if necessary.

Year	Student Name	School
<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 350px; height: 25px;" type="text"/>	<input style="width: 340px; height: 25px;" type="text"/>
<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 350px; height: 25px;" type="text"/>	<input style="width: 340px; height: 25px;" type="text"/>
<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 350px; height: 25px;" type="text"/>	<input style="width: 340px; height: 25px;" type="text"/>

## Student Financial Aid

Is the student receiving financial support, aid or tuition waiver from the TAPPS school?

If yes, please explain details including process of application for and determining amount of aid

Is the student receiving financial support, aid, or tuition assistance from any other party?

If yes, please explain details including process of application for and determining amount of aid

Is the student receiving financial support, aid or any funds for any athletic activity?

If yes, please explain details including process of application for and determining amount of aid

What means of support does the student have outside of financial aid?

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## Foreign Exchange Program Information

Full Name of Sponsoring Agency

Is this Agency shown on the **CSIET** web site as an approved agency for the current school year?

Name of person who made first contact with the TAPPS school.

Name of person who arranged room and board

Relationship of person arranging room and board to TAPPS school

Name of local contact for sponsoring agency

Relationship of local contact to TAPPS school

E-mail of local contact for sponsoring agency

Highest grade completed in Home Country

Last date attended high school in Home Country

# Student Interests

Fall Activities	Winter Activities	Spring Activities	Fine Arts
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Academic / Speech
<input type="checkbox"/> Fall Soccer	<input type="checkbox"/> Swim and Dive	<input type="checkbox"/> Golf	<input type="checkbox"/> Art
<input type="checkbox"/> Football	<input type="checkbox"/> Winter Soccer	<input type="checkbox"/> Softball	<input type="checkbox"/> Music
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Track and Field	
		<input type="checkbox"/> Tennis	

By signature below, we affirm that we have completed and reviewed the responses to the questionnaire above and agree that the information is correct. I understand that if we have given false or misleading answers to these questions, I will jeopardize my participation in TAPPS Extra-Curricular Activities. In addition, we understand that \_\_\_\_\_ is not eligible to participate in TAPPS Varsity Extra-Curricular activities until approved by the TAPPS Foreign Student Committee.

Parent Name:

Parent Name:

Parent Signature:

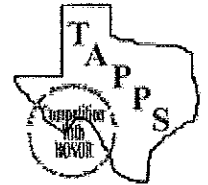
Parent Signature:

Student Signature:

Date of Signature:

Witness Name:

Witness Signature:



By signature below, we affirm that we are the host family for the student listed in the above. We have reviewed the responses regarding our guardianship and are in agreement with the information presented.

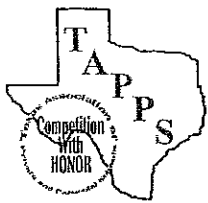
Host Name:

Host Name:

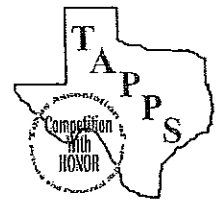
Host Signature:

Host Signature:

Date of Signature:



# Texas Association of Private and Parochial Schools



## Authorization and Consent of Legal Guardian

Student Name

Nickname (if any)

- I hereby testify that I have legal custody of the above named child.
- I hereby grant my full permission and consent for the temporary guardian to establish a place of residence for my child, and for my child to reside and travel with the said temporary guardian.
- I hereby grant the temporary guardian my full authorization to make all decisions related to my child's educational, religious and recreational activities and undertakings.
- I hereby grant the temporary guardian my full authorization to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the temporary guardian to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for x-rays, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital or other medical professional or institution duly licensed to practice in the state in which treatment is to occur.
- This authorization is effective commencing on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and expiring on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.
- For the duration that the temporary guardian cares for my child, the costs associated with my child's maintenance, living expenses, medical and dental expenses shall be allocated and paid as follows:  
\_\_\_\_\_
- Under the penalty of perjury under the laws of the state of \_\_\_\_\_, I attest to the truthfulness, accuracy, and validity of the foregoing statements.

Parent Name

Parent Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SUBSCRIBED and SWORN before me on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Seal

\_\_\_\_\_  
NOTARY PUBLIC in and for the State of Texas

\_\_\_\_\_  
Printed Name of NOTARY PUBLIC

### CONSENT OF TEMPORARY GUARDIAN

I hereby acknowledge the terms set forth above and agree to assume responsibility in accordance with those terms. Under the penalty of perjury under the laws of the state of \_\_\_\_\_, I attest to the truthfulness, accuracy, and validity of the foregoing statement.

Guardian Name

Guardian Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SUBSCRIBED and SWORN before me on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Seal

\_\_\_\_\_  
NOTARY PUBLIC in and for the State of Texas

\_\_\_\_\_  
Printed Name of NOTARY PUBLIC

# PRINCIPAL RECOMMENDATION 2011-2012

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**Pantego Christian Academy**

2201 West Park Row Drive ■ Arlington, TX 76013  
(817) 460-3315, Ext.1204 Fax: (817) 459-4687

**The student named below is applying to Pantego Christian Academy. Please help us become better acquainted with him/her by completing this form and returning it directly to the school. The information you provide will not become part of the student's permanent file. This form should be emailed or faxed directly back to PCA.**

**Parent's Statement**

I, the undersigned, understand that this is a confidential evaluation. My signature herein recognizes that fact and authorizes the person named below to candidly evaluate my child, with the assurance that I will not see this evaluation form upon its completion.

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*

Student \_\_\_\_\_

Current grade \_\_\_\_\_ Date \_\_\_\_\_

- How long have you known the applicant, and in which capacity?
- Is this student in good standing with your school academically? If not please explain.
- Is this student in good standing with your school behaviorally? If not please explain.
- Has the student ever been suspended, expelled, or sent to an alternative school? If yes, please elaborate.
- Is this student eligible for re enrollment in your school?
- Has the applicant been recognized for outstanding academic, athletic, or artistic performance? If yes please elaborate.
- To your knowledge, does the applicant have any history of juvenile delinquency or involvement with drugs or alcohol? If yes please explain.

(OVER)

Please indicate your rating by placing the appropriate number in the right hand column. Use a question mark where you have insufficient evidence.

Rating	5	4	3	2	1	#
Integrity	Exceptionally upright	Noticeably upright	Upright, no cause to question	Weak or questionable	Record of dishonesty	
Conduct	Outstanding in every respect	Generally excellent	Good or acceptable	Marginal	Poor	
Leadership	Outstanding, top positions	Commendable, top or next to top positions	Capable, minor positions	No sign of leadership or involvement	Record of irresponsibility	
Respect for Authority	Works very well with those in authority	Works well with those in authority	Respects authority	Periodic rebelliousness to authority	Often unresponsive, critical of school	
Parental Support	Exceptional	Quite good	Average	Sometimes unresponsive	Often unresponsive, critical of school	
Participation in Non-Academic Activities	Exceptional involvement	Very Involved	Active	Minor participation	No participation	
Summary	Outstanding	Excellent	Good	Fair	Poor	

Is there anything else of which our school should be aware in regards to this applicant or family?

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

Please print: Name \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_

Please email directly to: [nancyp@pantego.com](mailto:nancyp@pantego.com)  
 Or fax to: (817) 459-4687 Attn: Nancy

# PASTORAL FAMILY RECOMMENDATION

## 2011-2012 International Student

### Pantego Christian Academy

2201 West Park Row Drive, Arlington, TX 76013  
(817) 460-3315, Ext.1204 Fax: (817) 459-4687

#### Parent's Statement

I, the undersigned, understand that this is a confidential evaluation. My signature herein recognizes that fact and authorizes the person named below to candidly evaluate my family, knowing that anyone in my family will not see this evaluation form upon its completion.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Parent's Name: \_\_\_\_\_ Date \_\_\_\_\_

Student: \_\_\_\_\_

This family's student is applying for admission to Pantego Christian Academy, a school dedicated to partnering with churches in the Christian training of children and youth. Secondary students at our school must be professing followers of Jesus Christ, evidence of which should be visible in their lifestyles. At least one parent or guardian must be a professing believer. All families must submit a pastoral recommendation for admittance to our school.

In light of the above qualifications, please help us become better acquainted with this applicant's family by completing this form and returning it directly to the school.

How long have you known this family?

Describe this family's involvement in your church and their support of your church activities.

Does this family's lifestyle reflect a Christian lifestyle?  
(Would you prefer to discuss this with an Administrator?)

Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Please email directly to:  
nancyp@pantego.com

Signature of reference: \_\_\_\_\_

# Pastoral Student Recommendation

## International Student

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### Pantego Christian Academy

2201 W. Park Row Drive ■ Arlington, TX 76013  
(817) 460-3315 fax: (817) 459-4687

#### Parent's Statement

I, the undersigned, understand that this is a confidential evaluation. My signature herein recognizes that fact and authorizes the person named below to candidly evaluate my child, knowing that I will not see this evaluation form upon its completion.

\_\_\_\_\_ *Parent's Signature*

\_\_\_\_\_ *Date*

Applicant \_\_\_\_\_

Grade \_\_\_\_\_ Date \_\_\_\_\_

This student is applying for admission to Pantego Christian Academy, a school dedicated to the education of youth who are believers of Jesus Christ. Secondary students at our school must be professing followers of Jesus Christ, evidence of which should be visible in their lifestyles. At least one parent or guardian must be a believer, as well.

In light of the above qualifications, please help us become better acquainted with this applicant by completing this form and returning it directly to the school.

How long have you known the applicant?

Describe this student's level of involvement in church/youth group activities:

Describe his/her family's involvement in your church and support of your group's activities:

How would you describe this student's relationship with the Lord, as reflected in his/her words, actions and lifestyle?

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

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

Please email to:  
nancyp@pantego.com

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

Phone #- \_\_\_\_\_

Signature of reference: \_\_\_\_\_

# TEACHER RECOMMENDATION

## International Student

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### Pantego Christian Academy

2201 West Park Row Drive ■ Arlington, TX 76013-3408  
(817) 460-3315 Fax: (817) 459-4687

Elementary applicants need one recommendation from their present homeroom teacher. Secondary applicants need two recommendations, one each from math and language teachers. These forms should be emailed or faxed directly back to PCA.

### Parent's Statement

I, the undersigned, understand that this is a confidential evaluation. My signature herein recognizes that fact and authorizes the person named below to candidly evaluate my child, with assurance that I will not see this evaluation form upon its completion.

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*

Student \_\_\_\_\_

Current grade \_\_\_\_\_ Date \_\_\_\_\_

The above-named student is applying for admission to Pantego Christian Academy. Please help us become better acquainted with the applicant by completing this form and returning it directly to the school.

- How long have you known the applicant?
- What is your relationship to the applicant?
- To your knowledge, does the student have any known learning disabilities? Emotional problems? Hyperactivity or Attention Deficit Disorder? If yes, please explain.
- Describe this applicant's approach to learning. (Other side of this page may be used.)
- From the list below, circle **three** words that best describe the applicant.

Aggressive  
Ambitious  
Athletic  
Caring  
Cheerful  
Clown

Daydreamer  
Disobedient  
Distractible  
Energetic  
Hyperactive  
Industrious

Intelligent  
Leader  
Obedient  
Perfectionist  
Persevering  
Rebellious

Slow  
Sneaky  
Troubled  
Trustworthy  
Underachiever  
Other: \_\_\_\_\_

Compared to other students this age with whom you have dealt, please rate this student in the following areas:

	Outstanding	Above Average	Average	Below average	Not known
Attitude					
Christian values					
Completes assignments					
Concern for others					
Creative qualities					
Emotional maturity					
Growth potential					
Leadership					
Motivation					
Overall behavior					
Personal appearance					
Personal initiative					
Relationship with parents					
Relationship with peers					
Respect accorded to faculty					
Respect for authority					
Self-confidence					
Self-discipline					
Writing ability					

- Has outside help, enrichment, tutoring, or testing been recommended? YES NO If yes, please elaborate.
  
- Please comment on parental expectations, support, and attitude toward the applicant and your school.
  
- Please comment on the applicant's general health, attendance, and tardiness.

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

Please print: Name \_\_\_\_\_  
 Title/Subject taught \_\_\_\_\_  
 School \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_

Please email directly to: [nancyp@pantego.com](mailto:nancyp@pantego.com)

# Tuition Payment Options

## International Students

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You may select one of the following options: All payments are made by check, cash or wire transfer.

- **Annual payment**  
Due at registration.
- **Semi-annual payments**  
First payment due at registration, second payment due by December 5, 2011  
*A **non-refundable** 3% handling charge is added for this payment method.*

**International students are required to provide a letter of guarantee of funds from their financial institution equal to the amount of tuition and registration fees.**