

For Office Use Only

____ Received
____ Grades Reviewed
____ Appt. Date
____ Tour Only

____ Accepted
____ Denied

PINEWOOD CHRISTIAN ACADEMY
P. O. BOX 7
BELLVILLE, GA 30414

Phone: 912-739-1272 Fax 912-739-2321

Faith, Heritage & Truth

APPLICATION FOR ENROLLMENT

Date: _____

Parent's Name: _____

Address: _____

City State Zip

Telephone: Home: _____ Work: _____

Father's Cell #: _____ **Mother's Cell #:** _____

Father's Email: _____

Mother's Email _____

Children to be enrolled:

FULL Name: (Also indicate name goes by)	Date of Birth:	Year Entering:	Grade Entering:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List child/children's current school and address:

How did you hear about Pinewood Christian Academy?

Website _____ Friend _____ Other _____

Statement of Non-Discrimination

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