



**APPLICATION FOR ENROLLMENT**

School Year: \_\_\_\_\_

*Return this completed form, along with your non-refundable \$25 application fee.*

The Pittsburgh Urban Christian School admits persons of any race, color, national and ethnic origin to all the rights privileges, programs and activities generally accorded to school personnel and students. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs or other school-administered programs.

*(Please Print)*

Child's name \_\_\_\_\_  male  female  
*(first, middle, last)*

Birth date: \_\_\_\_\_ Birth place: \_\_\_\_\_

Anticipated Grade Level: \_\_\_\_\_ **If KDG:** 1/2 Day or Full *(Please circle one.)*

School district in which child resides: \_\_\_\_\_

Child's address: \_\_\_\_\_  
\_\_\_\_\_ *Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip*

**NAME OF THE CHURCH YOU ATTEND REGULARLY:** \_\_\_\_\_

**NAME OF PREVIOUS SCHOOLS ATTENDED**  
*(Please complete a Request for Transcript of Records form for each school)*

Current school: \_\_\_\_\_ dates attended: \_\_\_\_\_  
*(or pre-school)*

School: \_\_\_\_\_ dates attended: \_\_\_\_\_

School: \_\_\_\_\_ dates attended: \_\_\_\_\_

Has your child skipped or repeated any grades?  Yes  No **If yes, please explain why:**  
\_\_\_\_\_  
\_\_\_\_\_

**PARENTS / GUARDIANS**

Mother's / female guardian's name: \_\_\_\_\_

Address (with zip code): \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_ Email \_\_\_\_\_

Place of employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Please circle your preferred contact: **Work** **Cell** **Home** **Email**

**Father's / Male guardian's name:** \_\_\_\_\_

Address (with zip code): \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_ Email \_\_\_\_\_

Place of employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Please circle your preferred contact: **Work** **Cell** **Home** **Email**

Student will reside with:  Father & Mother  Father\*  Mother\*  Legal Guardian\*  
*\*The office requires a copy of any custodial agreements in effect. In absence of information, both parents will have equal access to the student and student's records.*

yes  no Do you desire the use of transportation through your public school district?

yes  no Are you interested in applying for a scholarship?

**Please answer the following questions carefully, attaching additional sheets if necessary.  
If you answer yes to any of the following questions, please provide us with copies of your child's records.**

**VISION**

- yes  no Has your child had a vision test?
- yes  no Does he/she wear glasses?
- yes  no Does your child have any eye or vision problems? Explain: \_\_\_\_\_

**HEARING**

- yes  no Has your child had a hearing test?
- yes  no Does he/she wear a hearing aid?
- yes  no Does your child have hearing difficulties? Explain: \_\_\_\_\_

**HEALTH**

- yes  no Has your child had any major illnesses? Explain: \_\_\_\_\_
- yes  no Has he/she ever been hospitalized? Explain: (when, how long, why) \_\_\_\_\_
- yes  no Is your child under medical care now? Explain: \_\_\_\_\_
- yes  no Has your child undergone any other type of testing, or has there ever been a recommendation that he/she be tested? Explain: \_\_\_\_\_
- yes  no Has your child ever been involved in an Intermediate Unit service? Explain: \_\_\_\_\_

**GENERAL**

How does your child feel about herself/himself? \_\_\_\_\_

What does your child think about school? How does she/he feel about attending Pittsburgh Urban Christian School? \_\_\_\_\_

How does your child relate to other children in the classroom? At home? During play? \_\_\_\_\_

What kind of relationship has your child had with authority figures? \_\_\_\_\_

Is there anything in your child's background that is necessary for her/his teacher to know in order to better understand your child? \_\_\_\_\_

Why do you want to send your child to a Christian school? \_\_\_\_\_

Mother's / female guardian's signature: \_\_\_\_\_ date: \_\_\_\_\_

and/or

Father's / male guardian's signature: \_\_\_\_\_ date: \_\_\_\_\_

*Return this completed form, along with your non-refundable \$25 application fee to the office of:*

Pittsburgh Urban Christian School  
809 Center Street, Pittsburgh, PA 15221  
Phone 412-244-1779 Fax 412-244-9027 [office@pucs.org](mailto:office@pucs.org)



## Authorization for Release of Information

**Parent/Guardian: Please complete this form and forward it to your child's current school:**

I authorize \_\_\_\_\_

*Name of Current School, department, agency or school district*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip*

To release information to: Pittsburgh Urban Christian School  
809 Center Street  
Pittsburgh, PA 15221  
(P) 412-244-1779  
(F) 412-244-9027  
[office@pucs.org](mailto:office@pucs.org)

In regards to: \_\_\_\_\_  
*Name of Student* *Date of Birth* *Current Grade*

Information to be forwarded includes:

- All Academic Records including attendance records, reading levels, and standardized test scores
- Health and Dental Records
- Other available school records including results of psychological testing
- Discipline Records

***This information is to be used for professional purposes only and will be held in strict confidence***

\_\_\_\_\_  
*Signature of Parent or Guardian*

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