

List All Children in the Family (use additional sheet if necessary)

Name	Age	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHURCH AFFILIATION AND SCHOOL EXPECTATION

Home Church: _____ Pastor/Priest: _____

Denomination: _____ Phone # _____

What are your expectations from our school? _____

What do you think the parent's role should be in educating their child/ren? _____

EDUCATION HISTORY

Please list schools previously attended, starting with the most recent. If home schooled please list curriculum used.

School Attended: _____ From _____ to _____ grade

Has the student ever been: Suspended Expelled Asked to Withdraw Truant

Please explain: _____

Has the student ever been evaluated or referred for evaluation for a learning difficulty or has an IEP?

If yes, please explain: _____

Has student ever: Skipped a grade? Repeated or been kept back a grade?

If yes, please explain: _____

Has the student to your knowledge used drugs alcohol or tobacco or been in trouble with the law?

If yes, please explain: _____

STATEMENT OF FAITH

We affirm the following:

1. We believe that there is one God, eternally existent in three persons; Father, Son and Holy Spirit. He is omnipotent, omniscient and omnipresent.
 2. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in his bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
 3. We believe that, for the salvation of the lost and sinful men, regeneration by the Holy Spirit is absolutely necessary.
 4. We believe that salvation is by grace through faith alone in Christ alone.
 5. We believe that faith without works is dead.
 6. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.
 7. We believe in the resurrection of both the saved and the lost; that they are saved to resurrection of life and they that are lost to resurrection of damnation.
1. We believe in the spiritual unity of all believers in our Lord Jesus.
 2. We believe that faithful attendance in a church is necessary for the spiritual wellbeing of the family.

In our classes, we teach the 90 character traits of Christ and the following doctrine:

Sola Scriptura- The Bible is the inspired, infallible Word of God and the rule of faith and life.

Sola-Gratia- Salvation is only by the grace of God, made available through the finished work of Christ of the cross

Sola Fide- Sinners are justified by God solely through faith in the work of Christ, apart from human works.

Soli Gloria Deo- All of life is to be lived only for the glory of God.

PARENT COOPERATION AGREEMENT

As a parent/guardian of a student attending PICA, you will be expected to support the following principles, please read through these carefully as some of the information has changed:

___ I understand that GA (Now PICA) is under new administration as of April 1, 2020.

___ I agree to support the new school administration and board of PICM (Providence International Church Ministries) as the governing body of PICA.

___ I am sufficiently satisfied with the curriculum, teaching methodology, facility, statement of Faith, personnel and ideas of the school to enroll my child at PICA

___ I support the discipline policy of PICA.

___ I understand that PICA, after consultation with parents, and based on diagnostic testing results, has final responsibility for the placement of my child in the proper grade and performance level.

___ If problems regarding my child's education arise, I will discuss matters directly with my child's supervisor(s), and/or the school administration. I will attempt to resolve such difficulties in a manner consistent with Christian behavior.

___ I assume my responsibility for my child's education, supervising assigned work and keeping regular contact with my child's supervisor.

___ I understand that my child is required a prescribed quantity of work that must be completed in order to progress to the next grade level and will not progress if it is not completed. 60-72 PACEs or 6 or more credits for High School per school year.

___ I understand that my child may be required to complete GAP PACEs if he/she is below grade level in addition to the regular required PACEs in an effort to catch him/her up to the age-appropriate grade level, at the parent's expense. (more than 12 PACEs per subject)

___ I will support, to the best of my ability, the various activities of PICA and ensure my student attends all field trips and conventions earned or required. *I will recommend PICA to my friends and family members as a way to support the school.

___ I will support PICA through prayer, volunteering, green dot treats, fund raising events, and merit prizes. I will further support PICA through donations and financial gifts as I am able.

___ I understand that PICA students are being prepared to be in the workplace and to present themselves professionally. Students are required to be groomed according to the guidelines outlined in the Parent/Student Handbook, this includes the following: neatly pressed uniforms, Navy or Black dress socks and shoes, no fad haircuts or styles, no hair color other than natural colors, no piercings other than one hole per ear for girls and none for boys, and no tattoos. Neutral-colored nail polish and light, natural looking makeup is permitted for high school age girls only.

Parent Signature

Print

Date

I have received a copy of the student handbook (*initial*) _____

*Referral Incentive: Receive \$100 off tuition one time on the month a new family you have referred signs up, not applicable to members of the same immediate family.

Parent Release Form for Media Recording

I, the undersigned, do hereby grant permission to PICA to use the image of my child, _____,

Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by PICA for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

*Parent/guardian signature _____ Date _____

Please make a copy of this form for your own record:

Providence International Christian Academy, (PICA0, Formerly Grace Academy, 555 Governor Carlos Camacho Rd, Tamuning, GU 96913 671-477-2222, 671-487-6102

CONFIDENTIAL STUDENT MEDICAL INFORMATION & INSURANCE AUTHORIZATION SY 16-17

Information requested in this form will help GA provide appropriate care for your child during school hours. All information is confidential and will be used solely for the purpose of GA. **Please fill out this form completely. One (1) form per child.**

Student Information

Student Name	Last	Grade	Gender	Date of Birth
	First MI			
Home Address	Street Address		City/Village	ZIP Code
Home Contact Numbers	Home Number	Cellular Number	Email Address	

Medical Information (Please provide a copy of health insurance card)

Health Plan	Insurance Number		
Physician	Name	Clinic Name and Address	Phone Number
In the event that my child needs to be transported to a hospital, please transport him/her to:	Hospital Name (please select or indicate one) <input type="checkbox"/> Guam Memorial Hospital <input type="checkbox"/> Naval Hospital <input type="checkbox"/> Other _____		

Emergency Contact Information

Contact Name	Last	MI	Contact Number(s)
	First		
Contact Name	Last	MI	Contact Number(s)
	First		

Student Medical History (Please indicate if your child has/had the following)

Illness	Yes/No	Illness	Yes/No	Illness
Anemia		Diabetes		Skin Problems
Asthma		German Measles		Tuberculosis
Birth Defect		Heart Disease		Mumps
Chickenpox		Measles		Other
Convulsions/Seizures		Rheumatic Fever		

Other significant illness, accident, surgery, limitations, and/or medications that the school should be aware of:

Medical Consent Authorization

Medication	Dosage	Time to be given	Special Instructions

With completion of this medical and physical examination form, **I authorize PICA to provide authorization for** all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment in my absence. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. I release PICA and individuals from liability in case of accident during activities related to PICA, as long as normal safety procedures have been taken. I hereby give permission to GA personnel to give my child the above medications with the understanding that they follow prescription as written or as I have instructed. I further understand that PICA will not provide any medication to my child without a prescription. I am also aware that my child has no allergies to the medication(s) listed above and that the school will not be held liable to that extent.

Parent/Guardian Signature

Date