

# Application for Admission

FOR OFFICE USE ONLY:

Applicant Number: \_\_\_\_\_  
Administrative Acceptance: \_\_\_\_\_

Testing Fee Paid: \_\_\_\_\_  
Administrative Denial: \_\_\_\_\_

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



## Applicant Information

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ MI \_\_\_\_\_  
Child prefers to be called: \_\_\_\_\_  
( ) \_\_\_\_\_  
Home Telephone Number \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year of Birth \_\_\_\_\_  
Grade Applying For \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Sex:  Male  Female  
Birth City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

## Parents:

Married  Divorced  
 Single  Widowed

## Student lives with (Check all that apply):

Father  Stepfather  Father deceased  
 Mother  Stepmother  Mother deceased  
 Other: Name \_\_\_\_\_ Relationship \_\_\_\_\_

## Race or Ethnic Race or Ethnic Origin:

*Specific ethnic options are for the purposes of a government statistical report; please choose one option only (question is optional).*

- Hispanic; (Mexican, Puerto Rican, Cuban, Central or South American, other Hispanic culture or origin)  
 White, not of Hispanic origin;  
 Black, not of Hispanic origin;  
 American Indian or Alaska Native;  
 Asian or Pacific Islander; (Japanese, Chinese, Filipino, Korean, Asian Indian, Vietnamese, Hawaiian, Guamanian, Samoan, other Asian)  
 Other, please explain: \_\_\_\_\_

*(If the applicant attends a local church, please complete the following.)*

## Church Affiliation:

Interdenominational  Non-denominational  
 Denominational; If so, which: \_\_\_\_\_  
Name of church attending: \_\_\_\_\_

How did you learn about Providence?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Current School:

Christian  Private  Public  Homeschool

Grades attended \_\_\_\_\_ Dates attended \_\_\_\_\_

School Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Country if other than U.S. \_\_\_\_\_ Phone Number \_\_\_\_\_

## Previous School Attended:

Christian  Private  Public  Homeschool

Grades attended \_\_\_\_\_ Dates attended \_\_\_\_\_

School Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Country if other than U.S. \_\_\_\_\_ Phone Number \_\_\_\_\_

## Statement of Faith

- The verbal inerrant inspiration and authority of the Scripture (both Old and New Testaments).
- The Genesis account of the creation of man in six days by the direct act of God.
- The Incarnation and Virgin Birth of the Lord Jesus Christ and His Deity as the eternal Son of God. His vicarious suffering for the sins of the world and shedding of His blood on the cross to cleanse from sin and the resurrection of His body from the dead.
- The new birth through regeneration by the Holy Spirit as essential to salvation.
- The local church as the primary place of fellowship and growth of believers and for the evangelization of the world with the Gospel.
- The person and work of the Holy Spirit and the need for Christian growth and service.
- The everlasting conscious blessedness of the saved and the everlasting conscious punishment of the lost.

Providence School was conceived and established in the hearts of the congregation of New Life Christian Fellowship, which is a church with evangelical and charismatic distinctions. (Providence does not teach these characteristics as part of the Bible curriculum). We ask every parent and student to respect our faith. We do not seek doctrinal agreement in all areas of our fellowship with each student and family but rather in the essentials we desire unity, in the nonessentials understanding, and in all things, love.

I support the statement of purpose, rules, regulations, and standards of Providence School as stated in the handbook, and agree to its statement of faith. (It is understood that agreement with the Statement of Faith does not mean you believe in its total statement.)

## Signature

Signature(s) of parent(s) or legal guardian(s) required:

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## FATHER INFORMATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Title (Mr., Dr., Rev., etc.)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Suite/Apt.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

( ) \_\_\_\_\_  
Home Phone Number

( ) \_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Extension

( ) \_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Employer/Company Name

\_\_\_\_\_  
Profession

\_\_\_\_\_  
Position

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Suite

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Providence Alumnus Year \_\_\_\_

## STEPFATHER INFORMATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Title (Mr., Dr., Rev., etc.)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Suite/Apt.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

( ) \_\_\_\_\_  
Home Phone Number

( ) \_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Extension

( ) \_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Employer/Company Name

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Profession

\_\_\_\_\_  
Position

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Street Address

\_\_\_\_\_  
Suite

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Providence Alumnus Year \_\_\_\_

## MOTHER INFORMATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Title (Mrs., Dr., Rev., etc.)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Suite/Apt.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

( ) \_\_\_\_\_  
Home Phone Number

( ) \_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Extension

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Street Address

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Suite

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Providence Alumnus Year \_\_\_\_

## STEPMOTHER INFORMATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Title (Mrs., Dr., Rev., etc.)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Suite/Apt.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

( ) \_\_\_\_\_  
Home Phone Number

( ) \_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Extension

( ) \_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Employer/Company Name

\_\_\_\_\_  
Profession

\_\_\_\_\_  
Position

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Street Address

\_\_\_\_\_  
Suite

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Providence Alumnus Year \_\_\_\_

Has this applicant ever applied or attended Providence (K-12)      Yes    No

Please list the following information on all siblings:

Name	Grade	Current School	Currently applying to Providence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any information or concerns relating to applicant's behavior, learning or emotional difficulties (This must be made known during the application process).

Discipline: \_\_\_\_\_

Emotional: \_\_\_\_\_

Academic: \_\_\_\_\_

Has this applicant ever been suspended or expelled from school?      Yes    No

### Maternal Grandparent(s)

Name (Please include title) \_\_\_\_\_

Home Street Address \_\_\_\_\_

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

Country \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Emergency Contact  Yes  No

### Paternal Grandparent(s)

Name (Please include title) \_\_\_\_\_

Home Street Address \_\_\_\_\_

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

Country \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Emergency Contact  Yes  No

### Additional Emergency Contact(s)

Name (Please include title) \_\_\_\_\_

Home Street Address \_\_\_\_\_

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

Country \_\_\_\_\_

Home Phone Number \_\_\_\_\_

## Medical Information

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Any physical difficulties: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Does your child take any medication(s) on a regular basis?

Yes  No

If yes, name of medication: \_\_\_\_\_

A completed medication authorization form is available in the upper/lower school office.

## Student Information (If neither is selected, "YES" will be used.)

### Student Directory

Student name, parents names, address and phone number will be included in the directory.  Yes  No

### Carpool Information

I would like to be included on the carpool list.  Yes  No

I understand that by checking the carpool box, my information will be distributed to those interested in carpooling. The information provided is not recommending potential carpool members and the school accepts no liability.

### Photographic Release

I authorize Providence School, or anyone authorized by Providence School, to use and reproduce any and all audio and video tapes and photographs which Providence takes of my children or any family members (video masters, dubs, negatives, positives and proofs) produced for school literature and website, advertisements and promotional purposes, without further compensation. This includes the school yearbook. All copies, masters, negatives, and positives, together with the release dubs and proofs, shall constitute Providence property, solely and completely.  Yes  No

# Applicant Questionnaire

*(Applicants for grades 6-12 only)*

*Please have the applicant answer these questions in their own handwriting. Be as complete as possible and if necessary, attach a separate paper.*

1. List school activities in which you have been involved.

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2. List school activities in which you would be interested at Providence School.

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3. List any awards or honors you have received while attending school.

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4. How would you describe yourself?

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5. What do you like best and least about your current school?

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6. Write a short paragraph explaining why you wish to attend Providence School.

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(These essays are to be written by the applicant only. No other help should be given.)

## 6-8th Grade Applicants

On a separate paper, in your own handwriting, please write one or two paragraphs about two of the topics listed.

How can God use a young person to make the world better?

How can I help someone who feels left out of the crowd?

How can I be a vital part of my family's life?

What personal goals do I wish to accomplish this school year?

## 9-12th Grade Applicants

On a separate paper, in your own handwriting, please write one or two paragraphs about two of the topics listed.

What is the greatest challenge you have faced? How did it affect you, and how did you resolve it?

Describe a strength and weakness you have and how they have affected your life.

What is the most important lesson you have learned from your parents or closest friend? How has that lesson affected your life?

# Admissions Checklist

## K thru 12 Grade Applicants

Thank you for your interest in Providence School. This checklist contains all of the information required to process your application.

- Completed Application including questionnaire and essays for grades 6–12
- Copy of Birth Certificate and Social Security Card
- Application Fee (\$100.00 non-refundable)
- Copy of two years' achievement test scores (if applicable)
- Copy of two previous final report cards, and most recent report card
- Copies of Immunization and School Physical Forms – Providence School will require original Florida Health and Immunization forms before student can start school
- Students entering 7th through 12th grade must provide Independent School Entrance Exam (ISEE) results. Test scores are to be submitted by ISEE (school code is 102106) directly to Providence School. To register, go to [www.iseetest.org](http://www.iseetest.org). Applicants to the 12th grade are required to provide SAT/ACT scores and may waive the ISEE test.

Providence School is a testing site for applicants to our school. However, if these test dates are not convenient, please see the ISEE website for additional dates and locations. ([www.iseetest.org](http://www.iseetest.org))

- Please refer to the Providence web site, [www.prov.org](http://www.prov.org), for on campus test dates (K – 12) and Admissions calendar information.

