

For Office Use Only

_____ Received

_____ Appt. Date

_____ 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 Address: _____

Mother's Email Address: _____

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.