



PINECASTLE
CHRISTIAN ACADEMY
One Family. One Purpose.



2020-2021 ELEMENTARY SCHOOL - ACADEMIC PROFILE

ADMINISTRATION:

Head of School:	Michelle Pacheco
School Administrator:	Brenda Oliver
Campus Pastor/Manager:	Jose Pacheco
Vice Principal:	Ada Rosado
Preschool Director:	Theresa Cummings

MISSION STATEMENT:

The mission of Pine Castle Christian Academy is to prepare the next generation, one student at a time, to impact the world for Christ.

COMMUNITY:

The greater Orlando area is located in the heart of central Florida with a population of over two million people. In addition to the world-famous Walt Disney World, Universal Studios, and Sea World theme parks, Orlando is also home to numerous colleges and universities, professional athletic teams, as well as world-renowned medical and aerospace institutions.

ACCREDITATION AND MEMBERSHIPS:

The Academy is accredited by Cognia through Southern Association of Colleges and Schools Commission on Accreditation and School Improvement (SACS CASI), North Central Association Commission on Accreditation and School Improvement (NCA CASI), and Northwest Accreditation Commission (NWAC) as well as by Association of Christian Schools and Teachers (ACTS). The Academy is a member of the Central Florida Consortium of Private School Counselors.

STUDENT BODY:

Infants through 12 th grade	253
Infants-Fifth Grade/Elementary School	143

CALENDAR:

36 weeks; 2 semesters, 4-term grading system

SCHOOL HOURS:

School begins at 7:45am and ends at 3:00pm daily; Early dismissal at 2:15pm on Wednesdays

FACULTY:

28 full & part-time teachers

CURRICULUM: PCCA's goal is academic excellence through a Biblical world view. Abeka and BJU Press curriculum is used for all subjects. Each teacher strives to meet the individual needs of the students. Daily subjects include Bible, math, science, Language Arts, reading, spelling and history.

ENRICHMENT: In recognizing the importance of a well-rounded educational experience, art, chapel, music, physical education, and STEAM are offered to enrich the student's educational experience.

ACTIVITIES: Qualifying 4th & 5th grade students may be recognized and can join the prestigious Duke TIP organization.

TESTING: NWEA standardized testing is administered beginning in kindergarten.

COLLEGE CHOICES: PCCA begins with the end academic goal in mind. In achieving our mission of preparing the next generation one student at a time, to impact the world for Christ, we desire for college to be the next step for our students.

The PCCA graduating classes of 2005-2020 have enrolled in or accepted to the following colleges and universities: Adventist University of Health Services, Anderson University, Arizona State University, Assumption College, Auburn University, Averett University, Beloit College, Bethany College, Bryan College, Carson-Newman College, Cedarville University, Clearwater Christian College, Eckerd College, Embry Riddle, Emmanuel College, Flagler College, Florida Atlantic University, Florida Gulf Coast University, Florida College of Natural Health, Florida School of the Arts, Florida Southern College, Florida State University, Full Sail University, Gardner-Webb University, The George Washington University, Grove City College, Handong Global University, Hofstra University, Indiana University, Indiana Wesleyan College, King College, LaGrange College, Lake Sumter State College, Lee University, Lees-McRae College, Lenoir- Rhyne College, Lesley University, Liberty University, Lincoln Memorial University, Methodist University, Michigan State University, Milligan College, Minot State University, Newberry College, North Greenville College, Palm Beach Atlantic University, Purdue University, Ringling College of Art and Design, Rollins College, Saint Olaf College, Salve Regina University, Santa Fe College, Seminole State College, Stetson University, Southeastern University, Southern Adventist University, Tallahassee Community College, Trine University, Trinity College, University of Alabama, University of California Los Angeles, University of Central Florida, University of Florida, University of Iowa, University of Miami, University of Miami Oxford, University of Mississippi, University of North Florida, University of Oregon, University of South Florida, University of Texas, University of West Florida, University of Washington, Valencia College, Warner University, Wheaton College.



PINECASTLE CHRISTIAN ACADEMY

7101 Lake Ellenor Drive Orlando, FL 32809
407.313.7222 www.pinecastleeagles.org

2021-2022 NEW STUDENT ENROLLMENT INFORMATION

Infant-PreK4 New Student Registration Fee	\$75.00 per student (non-refundable fee/due with registration packet)
PreK2-PreK3 Materials Fee	\$75.00 per student
PreK4 Materials Fee	\$75.00 per student
VPK Wrap Around Materials Fee	\$75.00 per student

K5-12th New Student Application Fee	\$150.00 per family (non-refundable fee/due with application)
K5-12th New Student Processing Fee	\$200.00 per family (non-refundable fee/due 10 business days after approved application)
K5-12th New Student Enrollment Fee	\$350.00 per child/maximum \$700 per family (non-refundable fee/due prior to first day of school) 50% off of enrollment fee if paid in full by July 16, 2021

K5-12th Fees

New Student Assessment	\$25 per child (for students with an IEP, 504 plan, or doctor's diagnosis)
Testing	\$75.00 first child/\$25 siblings (due prior to testing) - \$50.00 will go towards processing fee upon acceptance
Graduation	\$250.00 (12th grade) \$75.00 (5th & 8th grade) \$50.00 (Kinder)
Special Service Plan	Fees vary depending on level of service plan (see additional fee form for details)
Transportation	\$400.00 a child/\$50 discount per sibling
Sports	\$50.00 per semester

Tuition

K5-12th Tuition	Rates	Infant-PreK4 Tuition	Part-Time (8:00 AM - 3:00 PM)/Full-Time (8:00 AM - 6:00 PM)
Elementary K5-5th	\$7,475.00	Infant	\$200 PT/\$235 FT per week
Middle School 6th-8th	\$7,600.00	Toddler - up to 23 mths	\$190 PT/\$225 FT per week
High School 9th-12th	\$7,925.00	K2/K3	\$135 PT/\$160 FT per week
College Readiness 11th/12th	\$8,425.00	K4 (non VPK)	\$115 PT/\$140 FT per week
		VPK Wrap Around	\$90 PT/\$105 FT per week

*******Tuition includes curriculum & yearbook as well as free daily breakfast and lunch.**

Payment options for K5-12th grade are: annual (1 payment); bi-annual (2 payments); quarterly (4 payments); 10 months (10 payments); 12 months (12 payments)

Scholarships Accepted

AAA Scholarship- Award Letter Required	4C - Award Letter Required
Florida Empowerment Scholarship- Award Letter Required	VPK - Eligibility Letter Required
Gardiner Scholarship- Verification & ID Required	PCCA Scholarship
HOPE Scholarship- Award Letter Required	Eagle Scholarship- Application & Fee Required
McKay Scholarship- Verification & IEP Required	
Step Up for Students Scholarship- Award Letter Required	

Please note: A Financial contract must be completed before the first day of school in order for your child to be fully enrolled at Pine Castle Christian Preschool and Academy.

PCCA 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. PCCA does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship, grant programs, and athletic and other organization-administered programs.

NEW STUDENT APPLICATION FOR ADMISSION 2021-2022



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Student Information:

Last Name:	First Name:
Date of Birth:	Male/Female:
Social Security Number:	Apply for Grade:
Current School:	

Family Information:

Father's Information	
Relationship: Father/Stepfather/Guardian (circle)	
Name:	
Address:	City/State/Zip:
Home/Cell Phone:	Primary Email:
Work Email:	
Mother's information	
Relationship: Mother/Stepmother/Guardian (circle)	
Name:	
Address:	City/State/Zip:
Home/Cell Phone:	Primary Email:
Work Email:	

Marital Status: Married Divorced Separated Single Widow

If divorced, do parents share custody? Yes / No (If yes, all address & phone information for both parents must be included above.)

Legal documentation is required to support custodial conditions, including who makes educational decisions.

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Federal Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino
Federal Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native	Student Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only
<input type="checkbox"/> Native Hawaiian or other Pacific Islanders	<input type="checkbox"/> Father Only <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other

Does the student most frequently speak a language other than English? Yes No What Language? _____

Is a language other than English spoken at home? Yes No What language? _____

Has your child been suspended, expelled or asked to withdraw from any school? () Yes () No

If yes, please specify the date and provide an explanation. _____

Last three schools attended (Begin with most recent)

Name of School	City/State	Years Attended

I give permission for PCCA to request my student's school records from current and/or previous schools.

Family attends what church? _____

Church Members: Yes _____ No _____

Student Pickup Information

Other than you, who has the authority to pick up your child from school? Please list name, phone, & relationship.

Name	Phone	Relationship
Name	Phone	Relationship

PARENTAL COMMITMENT TO PCCA

Statement of Faith

This statement of faith defines the foundation of our educational ministry at PCCA upon which we build the unity between home and school. While there will always be diversity within the framework of these foundational beliefs, we may choose to not enroll or to withdraw a student should he/she or his/her family hold contradictory beliefs and/or support a lifestyle at home that contradicts these scriptures and biblically based values.

1. We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God.
2. We believe there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
3. We believe in the deity of Christ
 - His virgin birth
 - His sinless life
 - His miracles
 - His vicarious and atoning death through His shed blood
 - His bodily resurrection
 - His ascension to the right hand of the Father
 - His personal return in power and glory
4. We believe that for the salvation of lost and sinful people, regeneration by the Holy Spirit is absolutely essential.
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

Financial Information

Pine Castle Christian Academy, Inc. is a non-profit organization setting each year's budget on students contracted for that year. Because early withdrawal of students will result in losses which are difficult to adequately assess, we understand that if we withdraw our student/s anytime between January 25, 2021 and May 27, 2022 there is a withdrawal fee of a minimum of \$300.00 per student. Withdrawal policies include expulsion from school. Fees will be assessed on late and failed payments. The estimated McKay, Step Up, Gardiner and HOPE scholarships may be adjusted based on the figures and payments provided by the FLDOE. Any additional amount not covered is the responsibility of the family. Re-enrollment fees for returning families as well as application, processing and enrollment fees for new families are non-refundable. Student records will not be released until the family's account is paid in full.

Statement of Support

As the parent(s) or guardian of the student applicant named herein before, I/we state that we have read and agree with the Statement of Faith and Mission of PCCA and agree that upon acceptance of the herein named student, I/we will commit ourselves to work with administration, faculty and staff within these statements to the betterment of our student, and to assist and cooperate with the school in the Christian education of my/our child. Additionally I/we commit to upholding the guidelines and policies as stated in the Parent/Student Handbook. I understand that the application fee is non-refundable and abide by the financial guidelines as stated above and on the tuition contract that is required.

Student Likeness Waiver Agreement

With my/our signature below, I/we give my/our full consent to Pine Castle Christian Academy (PCCA) to publish and copyright my/our child's likeness including photographs and video. I/we further agree that PCCA may, at any time and from time to time, transfer, use or cause to be used such photographs in PCCA brochures, newsletters, advertising, posters, displays, websites, slide-shows, PCCA Facebook page, videos, catalogs, and other similar publications or literature, without limitations or reservations. THIS IS A BLANKET CONSENT FOR ALL PHOTOGRAPHS AND/OR VIDEOS TAKEN OF YOUR CHILD.

My/our signature below confirms support for all statements and policies and understanding of the withdrawal policy. It also certifies that all information provided in this application is true and accurate. I/We also understand that misrepresentation will invalidate the application process.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

Non-Discriminatory Policy: Pine Castle Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to the students at the school. The school does not discriminate on the basis of race, color, national or ethnic origin in the administration of its education, admission policies, tuition assistance, athletic and other school-administered programs.



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Emergency Student Information Form 2021-2022

Student's Full Name _____

Address _____ Male/Female _____ Date of Birth _____

Mother's Name _____ Best Phone # _____

E-mail Address _____

Father's Name _____ Best Phone # _____

E-mail Address _____

Primary language spoken in the home _____

Preferred Hospital _____

Physician _____ Office Phone # _____

Insurance Carrier _____

Policy # _____ Group # _____

Dentist Office Name _____ Office Phone # _____

Allergies _____

Medical Conditions/Diagnosis _____

Medicine Currently Taking _____

In the event you are unable to be reached, please provide additional contacts in order of priority

Name _____ Relationship _____

Cell # _____ Home # _____ Work # _____

Name _____ Relationship _____

Cell # _____ Home # _____ Work # _____

School Health Services

I hereby give my consent for this child to participate in the School Health Services Program. My child will receive emergency care in school, and health appraisals including screenings such as vision, hearing, growth and development.

In the event of an emergency, I understand that the school will access the 911 emergency medical system immediately. To expedite care, I give my permission for school personnel to provide medical information to the responding emergency team to initiate treatment, and transport to an appropriate facility. I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I request to be notified of my child's condition and admission as soon as possible. If I cannot be reached, I request that the admitting facility notify one of the other contact persons listed of my child's condition and admission. I agree to be financially responsible for my child's total treatment, and transport.

Parent/Guardian's Signature _____

Parent/Guardian's Name (print) _____ Date _____

TEACHER RECOMMENDATION

To be completed for Kindergarten - 5th grade applicants



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Parents: Please provide information in top portion only. Give to your child's teacher to complete & return to PCCA at address below.

Permission to release information: _____ Date: _____
Parent signature

Student's Name: _____ Current Grade: _____
LAST FIRST

Teacher: _____

Dear Teacher:

The child named above has applied for admission to Pine Castle Christian Academy. Please complete the form below and return to the address provided. Check one rating for each area. If you wish to discuss this student personally rather than completing this form, please check here _____, sign the form and note your telephone number, and the Academy will contact you.

AREAS TO EVALUATE	Poor	Average	Good	Excellent	Not Able to Comment
Academic ability					
Academic performance					
Motivation					
Attitude/Cooperation					
Maturity/Stability					
Conduct					
Ability to relate to peers					
Respect for adults					
Integrity					
Attendance					
Reading Comprehension					
Writing Skills					

Is the student on an IEP and/or receiving accommodations? If yes, please list: _____

Is the student working on a modified curriculum? YES NO Is the student on grade level? YES NO

Does the student have any significant limitations (physical, social, or emotional)? _____

Is the student in good standing and eligible to return next year? YES NO

If no, why not? _____

Has there been a need for administrative involvement in disciplinary action with this student? YES NO

If yes, please explain. _____

How would you rate the parents' involvement?

Very cooperative Rarely cooperative Disinterested No communication with them

Is this recommendation consistent with the students report card? YES NO

Print your name _____ School Name _____

Signature and position _____

Thank you for your assistance; your prompt response is much appreciated. If you have any questions, please call (407)313-7222
Please return to: PCCA Main Office; 7101 Lake Ellenor Drive; Orlando, FL 32809; fax 407-313-7226

PRINCIPAL/COUNSELOR RECOMMENDATION

To be completed for all applicants



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Parents: Please provide information in top portion only. Give to your child's Principal, Counselor or Director to complete and return to PCCA at address below.

Permission to release information: _____ Date: _____

Parent signature

Student's Name: _____ Current Grade: _____

LAST

FIRST

The following student has expressed an interest in attending Pine Castle Christian Academy. To accurately evaluate the student, we request that you complete the information below and mail or fax to the Main Office at PCCA using the address or fax information above. If you wish to discuss this student personally rather than completing this form, please check here _____, sign the form and note your telephone number, and the Academy will contact you.

1. This student is in good standing with this institution academically. Yes No
2. This student is in good standing with this institution behaviorally. Yes No
3. This student has been suspended during enrollment at this institution. Yes No
4. This student has been expelled from this institution. Yes No
5. This student has been sent to alternative school during enrollment. Yes No
6. The family is supportive of this student. Yes No
7. The family is supportive of the decisions and policies of this institution. Yes No
8. The family is in good standing with this institution financially. (If applicable) Yes No

Comments:

Print your name _____ School Name _____

Signature and position _____

Thank you for your assistance; your prompt response is much appreciated. If you have any questions, please call (407)313-7222

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Student Record Release Authorization Form

Student's Current School

Student's Name

School Street Address

Date of Birth

City, State, Zip

Current Grade

The above student has expressed an interest in attending PCCA. These records are for review purposes only.

The above student has enrolled in PCCA. This is an official request to transfer records.

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, please send Pine Castle Christian Academy the following information on the above referenced student:

- Last two years report cards (minimum)
- Attendance Records
- Transcript (Grades 10 - 12)
- Health Data
- Standardized test scores (Last two years for a review, all years for a transfer request)
- Discipline Records
- Psychological and Educational Evaluations
- Other Pertinent Information

Parent/Guardian's Name (PLEASE PRINT)

Parent/Guardian's Signature

FOR OFFICE USE ONLY:

1st Request

2nd Request