

INTERNATIONAL STUDENT APPLICATION PACKET

APPLICANT'S NAME: _____ GRADE ENTERING: _____



PINECASTLE

CHRISTIAN ACADEMY

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

7101 Lake Ellenor Drive ♦ Orlando, FL ♦ 32809
407.313.PCCA (7222) ♦ Fax: 407.313.7226
www.pinecastleeagles.org

Pine Castle Christian Academy admits students without regard to race, color, sex, national or ethnic origin.



PINECASTLE
CHRISTIAN ACADEMY

One Family. One Purpose.



2020-2021 HIGH SCHOOL - ACADEMIC PROFILE

SAT/ACT CODE: 101419

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).

STUDENT BODY:

Infants through 12 th grade	253
High School	62

CALENDAR:

36 weeks; 2 semesters, 4-term grading system; seven 50-minute class periods

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

MINIMUM GRADUATION REQUIREMENTS:

Class of 2021: 26 credits are required for graduation and standard college-prep diploma. Honors and High Honors Diploma options are available.

English	4 credits	Electives	4 credits	Foreign Language	2 credits
Mathematics	4 credits	History	3 credits	Fine/Practical Art	1 credit
Bible	4 credits	Science	3 credits	Physical Ed.	1 credit

ACTIVITIES:

National Honor Society, Performing Arts, Student Government, Spanish Honor Society, Yearbook, and Jazz Band



Pine Castle Christian Academy International Student Application

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Instructions & Fees

- Complete Application Packet
- Return with copies of the following items:
 - Passport
 - Birth certificate
 - Parent/Guardian ID
 - Translated** School Records and Grades (transcript)
- Testing will be scheduled
- The I-20 will be drafted and mailed to the student's home.
- The signed tuition contract must be completed prior to official enrollment.
- The following documents must also be provided to Pine Castle Christian Academy:
 1. Copy of visa
 2. Current physical exam (dated within one year of acceptance)
 3. Immunization verification
 4. Proof of medical insurance

Pine Castle Christian Academy 2021-2022 Tuition and Fee Schedule For International Students

International Student Testing Fee	\$75
International Student Application Fee	\$150
International Student Processing Fee	\$200
International Student Out of State Transcript Transfer Fee	\$250
International Student Enrollment Fee	\$350
New International Student Fee	\$400
Middle School Tuition (Grades 6-8)	\$7,600
High School Tuition (Grades 9-12)	\$7,925
College Readiness Tuition (Grades 11-12)	\$8,425
Senior Fee (for all 12 th grade students)	\$250
Eighth Grade Graduation Fee (for all 8 th grade students)	\$75

NEW INTERNATIONAL STUDENT APPLICATION FOR ADMISSION 2021-22



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Student Information:

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

Family Information:

Father's Information	
Relationship: Father/Stepfather (circle)	
Name:	
Address:	City/State/Zip:
Home/Cell Phone:	Primary Email:
Work Email:	
Mother's information	
Relationship: Mother/Stepmother (circle)	
Name:	
Address:	City/State/Zip:
Home/Cell Phone:	Primary Email:
Work Email:	
Local Guardian's information	
Relationship:	
Name:	
Address:	City/State/Zip:
Home/Cell Phone:	Primary Email:
Work Email:	
Federal Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islanders	Federal Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
Student Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <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 the student been suspended, expelled or asked to withdraw from any school? () Yes () No

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

Last two schools attended (Begin with most recent)

Name of School	City/State	Years Attended

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

PARENTAL/GUARDIAN 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 _____

ENGLISH TEACHER RECOMMENDATION

To be completed for 6th - 12th 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 English 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	Comments
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 student's 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

MATH TEACHER RECOMMENDATION

To be completed for 6th - 12th 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 Math 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	Comments
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 student's 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
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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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