



Dear Parents,

Thank you for your interest in Pinecrest Academy; we consider it a privilege to partner with you in the education of your child. Pinecrest's mission is to offer quality Catholic education to students from Pre-K through 12th grade. Our school ranks in the top 10% of all private schools nationwide on the Stanford-10, and

for the fourth year in a row, our high school has been named by the National Catholic Honor Roll as *One of the Top 50 Catholic High Schools in the Nation*.

Pinecrest students develop a solid foundation based on character, faith, social responsibility, problem-solving, and critical thinking. They build confidence through athletics, public speaking, performing, and mentoring, and they learn to share through service to the community and each other. Pinecrest offers an outstanding fine arts curriculum and a complete complement of GHSA varsity and recreational sports.

Students are educated in gender-specific classrooms beginning in fourth grade allowing them to be challenged in an environment that best serves the learning styles of each gender. The dedicated, motivated, and highly qualified teaching staff all meet and exceed state and SACS (Southern Association of Colleges and Schools) requirements and many have advanced degrees, including several doctorate degrees. Teachers serve as both mentors and role models.

In your application packet you will find information about Pinecrest Academy, an application, and our admissions procedures. An application checklist is provided to ensure all required documentation and fees are submitted.

Feel free to call the Admissions Office at 770.888.4477 with any questions, or to schedule a tour of our 68-acre campus and discover how your child can benefit from a Pinecrest Academy education.

We look forward to meeting you.

Yours in Christ,

Pinecrest Academy Admissions



ATTACH RECENT
PICTURE OF
APPLICANT
HERE

Sibling(s) currently at Pinecrest Academy? Yes / No
Has applicant applied to Pinecrest Academy before? Yes / No
Sibling(s) applying to Pinecrest Academy? Yes / No
What grade(s): _____

PINECREST ACADEMY

OFFICE OF ADMISSIONS

955 Peachtree Parkway Cumming, GA 30041

770.888.4477 Office • 770.886.5584 Fax

Date _____

I hereby make application for my daughter (___) / son (___) for grade _____ beginning _____
Academic Year

Name of Applicant _____

Age ___ Birth Date _____ Place of Birth _____ Social Security Number _____
Last *First* *Middle* *Nickname*

Applicant lives with: ___ Parents ___ Mother ___ Father Other _____

Legal custody: ___ Parents ___ Mother ___ Father Other _____

Adopted: ___ Date _____ Age When Adopted _____

Nearest public school to applicant's home: _____

US citizen? Yes / No If no, please attach proof of residence

PARENT INFORMATION

FATHER

MOTHER

(Mr., Dr.) _____
Last/First/M.I.

(Mrs., Ms., Dr.) _____
Last/First/M.I.

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Home phone (___) ___ - ___ Work (___) ___ - ___

Home phone (___) ___ - ___ Work (___) ___ - ___

Cell Phones (___) ___ - ___

Cell Phones (___) ___ - ___

E-mail Address _____

E-mail Address _____

Housing Subdivision _____

Housing Subdivision _____

County _____

County _____

Employer _____

Employer _____

Position _____

Position _____

Employer Address _____

Employer Address _____

Education (Highest Degree) _____

Education (Highest Degree) _____

School Name _____

School Name _____

Religion _____

Religion _____

Parish _____

Parish _____

Social Security Number _____

Social Security Number _____

U.S. Citizen Yes / No

U.S. Citizen Yes / No

If no, please attach proof of legal residence

If no, please attach proof of legal residence

Marital Status: ___ Married ___ Separated ___ Divorced ___ Remarried Annulment: Yes/No

PINECREST ACADEMY APPLICATION 6th – 12th Grade

Applicant's Last / First Name _____ Date _____

SPECIAL TESTING AND INFORMATION

IF YOU HAVE CHECKED ANY OF THE ITEMS BELOW, PLEASE PROVIDE COPIES OF TEST/REPORTS TO PINECREST ACADEMY WITH YOUR COMPLETED APPLICATION MATERIALS.

My child has been tested for:

- Gifted Programs Learning Disabilities
- Behavioral Difficulties Speech and Language Delay/Difficulties
- Attention Deficit Disorder: Place/Date _____
- Hyperactivity: Place/Date _____
- My child has not received any special testing

Does your child have (or has ever had) an IEP? Yes No If yes, please attach a copy of the IEP and any supporting evaluations / testing associated with the IEP.

Has the applicant ever had or been referred for professional, psychological, or personal evaluation / counseling? (Please explain; if any evaluation or report was completed, attach in its entirety.)

My child has been placed in special programs for:

- Gifted and Talented Children with Learning Disabilities
- Children with Behavioral Difficulties Speech and Language Remediation
- Attention Deficit Disorder/Hyperactivity: Where: _____
- My child has not been in any special programs

My child has had remedial help in:

- Mathematics Reading
- Other Subject(s) _____
- Where: _____
- My child has had no remedial help

MEDICAL INFORMATION

Does your child take any medication on a regular basis? Yes No
If yes, please list medication(s), dosage, times given _____

Does your child have any health problems: (For example: allergies to foods, medicine, bee stings, or any chronic diseases such as diabetes, asthma, epilepsy, seizures, etc.) if yes, please explain:

Has your child taken any medication for the treatment of ADD or ADHD?

- Yes No
- Medications _____

Is there any condition that would prevent the applicant from full participation in a physical education program? Yes No If yes, please explain:

Are there any situations or pertinent information which we should know in order to further understand your child? Please explain: _____

To help us keep all information current, please notify the school nurse when any medical information needs to be updated.

Applicant's Last / First Name _____ Date _____

PARENT QUESTIONNAIRE

Why are you seeking to educate your child at Pinecrest Academy?

What do you expect from the Pinecrest Academy faculty/staff?

What would you say are your child's strengths or talents (academically, socially, physically, and/or morally)?

What do you see as your child's weakness(s)? (Explain)

A child's formation can be influenced by television viewing. Do you monitor your child's viewing of television programs? (Explain)

Please provide any additional information regarding your family or the applicant which would help us to better know and understand his/her educational or personal needs.

What activities, including church, do you enjoy doing regularly as a family?

Pinecrest Academy strives to provide the highest quality Catholic education for every student, while keeping tuition at an affordable level. Yet, as in virtually all private schools, tuition does not cover all the expenses required to educate each child. To attain the financial support needed to fill that gap, we have two primary operational fundraisers each year: The Annual Fund Campaign and our Gala Benefit Auction (as well as periodic Capital Campaigns to build out the campus master plan). In accordance with the Christian precept of Gospel charity, how would you see your family concretely supporting the mission here at Pinecrest in talent, time and / or treasure?

Please review the Application Checklist provided at the front of this application. Make sure that you sign the application below and attach the application fee required for each applicant.

I / WE HAVE READ AND UNDERSTAND THIS APPLICATION AND CERTIFY THAT THE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY /OUR KNOWLEDGE. I / WE AGREE TO COMMUNICATE IN WRITING TO THE DIRECTOR OF ADMISSIONS ANY CHANGES IN THIS INFORMATION AS SOON AS I / WE BECOME AWARE OF THE CHANGE AND UNDERSTAND THAT UPON DISCOVERY OF MEANINGFUL INACCURACIES OR OMISSIONS OF INFORMATION REQUESTED / SUBMITTED AS PART OF THIS APPLICATION PROCESS, PINECREST ACADEMY RESERVES THE RIGHT TO RECONSIDER THE ADMISSION OF THIS APPLICANT. I / WE ALSO AGREE THAT INFORMATION SUBMITTED BY THIRD PARTIES IN CONNECTION WITH THIS APPLICATION CAN BE HELD AND MAINTAINED IN CONFIDENCE BY PINECREST ACADEMY AND I / WE WAIVE ACCESS TO THOSE EVALUATIONS. REQUESTS FOR ANY INFORMATION PROVIDED TO PINECREST ACADEMY AS PART OF THIS APPLICATION MUST BE MADE DIRECTLY TO THE THIRD PARTY WHO SUPPLIED THAT INFORMATION.

PARENT (OR GUARDIAN) SIGNATURE(S):

PRINTED NAME / RELATIONSHIP

DATE

PRINTED NAME / RELATIONSHIP

DATE

SIGNATURE

SIGNATURE