



Prentiss Christian School
PO Box 1287
1643 Amanda Street
Prentiss, MS 39474
601-792-8549

Student Re-enrollment Application Form

STUDENT INFORMATION

Name	DOB	Gender	Applying for: Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student lives with: _____

Names of students requiring bus service: _____

PARENT INFORMATION

Father's Name: _____

Mailing & Physical if different Address: _____

City: _____ State: _____ Zip: _____

Resident School District: _____

E-mail Address: _____ Home Phone: _____

Mobile Phone: _____ Business Phone: _____

Employer & Occupation: _____

Mother's Name: _____

Mailing & Physical if different Address: _____

City: _____ State: _____ Zip: _____

Resident School District: _____

E-mail Address: _____ Home Phone: _____

Mobile Phone: _____ Business Phone: _____

Employer & Occupation: _____

TERMS AND CONDITIONS

- A. Information on current policies will be made available in the Student Handbook. School policies are subject to change. Policy changes will be announced by due notification.
- B. Applicants agree to abide by all school policies, rules, and regulations, including provisions for dress codes and discipline. Prentiss Christian School has full discretion in the discipline of students while at school, including corporal punishment.

PARENT AGREEMENT

I hereby certify that I have read this Student Application Form, including the Terms and Conditions. I do agree to comply with everything stated therein, and furthermore accept the conditions and requirements of all other official policies and procedures of Prentiss Christian School, including the payment of all fees and charges according to the published schedule of the school.

Names of people (other than parents) with your permission to pick your child up from school and their relationship to you and your children. Please call the school if there are changes to this list.

Name/Relationship/Phone #

This application cannot be processed until the registration fee is paid in full and the application is signed by the parents of the applicant.

Documents needed for Re-enrollment if entering K-5 and 7th grade

_____ **Updated immunization form (MS 121 FORM)**

Parent/Guardian Signature & Date: _____

Parent/Guardian Signature & Date: _____

Vision

Inspiring Excellence, Integrity, and Citizenship with a Biblical Foundation

Mission

Prentiss Christian School is developing next generation leaders through a quality education taught from a Biblical worldview.

Office: 601-792-8549

Fax: 601-792-2560

E-mail: rachelmay.pcs@gmail.com

Website: prentisschristian.org

Prentiss Christian School admits students of any race, color, national origin, 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 origin, and ethnic origin in administration of its educational policies, admission policies, and athletic and other school administered programs.

For Office Use Only:

Date & Amount Received: _____

Date family was contacted: _____

Date transcript received: _____

Date Drug Screen Passed: _____

Date Application Accepted or Denied: _____

Revised: 1/28/2025