



# Application for Admission

P.O. Drawer 329 Troy, AL 36081 (334) 566-2023 www.pikelib.com

Date of Application \_\_\_\_\_ Student Social Security No. \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_ Gender \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

School Now Attending \_\_\_\_\_ School Contact \_\_\_\_\_

School Address \_\_\_\_\_ School Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_

Phone \_\_\_\_\_

Name and age(s) of brother(s) and/or sister(s) \_\_\_\_\_

List the name of a person who may check your child out of school if a parent or stepparent is unavailable:

Please list an emergency contact if a parent cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

List any medical problems and/or known allergies \_\_\_\_\_

List any medications your child takes daily \_\_\_\_\_

*All prescription medications must be brought to the school office in the original bottle with the label intact.*

List any side effects of medication taken by your child of which you wish to make the school aware:

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If you have an alumni relationship to Pike Liberal Arts, complete the following:

Name \_\_\_\_\_ Year of Graduation \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Year of Graduation \_\_\_\_\_ Relationship \_\_\_\_\_

*The following questions must be completed before an applicant can be considered for admission to Pike Liberal Arts School. The Administrative Committee reserves the right to request additional documentation pertaining to any of the following questions.*

a. Does the student have any mental, emotional or physical problems? YES or NO

If yes, please explain:

b. Has the student ever been a danger to others or injured others? YES or NO

If yes, please explain:

c. Has the student ever exhibited any self-injurious behavior? YES or NO

If yes, please explain:

d. Does the student take any type of medication, and if so, is it taken during the school day? YES or NO\*

If yes, please explain:

e. Has the student ever been suspended or expelled from school? YES or NO

If yes, please explain:

f. Has the student ever been in trouble with civil authorities? YES or NO

If yes, please explain:

g. Has the student ever been retained? YES or NO

If yes, which grade(s)?

h. Will the student be driving a vehicle to school? YES or NO

If yes, provide the make, model, and VIN.

i. Attach a copy of the following:

Last Report Card  
 Achievement Test Scores  
 Immunization Record

School Transcript  
 Birth Certificate  
 Social Security Card

Driver's License  
 Current Prescriptions\*

j. The student is being recommended by \_\_\_\_\_

This reference may be reached by phone at \_\_\_\_\_ for additional information.

\*Only send copies of prescriptions if medicine is being brought to campus.

I hereby make application to The Pike Liberal Arts School Foundation, Inc. for my child \_\_\_\_\_

\_\_\_\_\_ (named) to be a student for the \_\_\_\_\_ to \_\_\_\_\_ school year in the \_\_\_\_\_ grade.

In as much as an important part of the school's function is the development of character and social responsibility, each child's conduct, both at school and away, concerns the school deeply. Therefore, conduct or attitudes which the faculty considers detrimental to other students or to the school may be considered grounds to request a student to withdraw or be expelled. This school operates under an honor code by which the student obligates himself/herself to personal honesty in act and word and commits himself/herself to report irregularities. The school is willing to accept only those students who feel they can endorse the code.

School policy requires that full financial obligations for the previous year be met before a child may be permitted to return for the following year, and that no transcript of record be issued until all financial obligations to the school have been met.

I have read, understood, and agreed to be bound by the following should this application be accepted, prior to placing my signature below:

1. PLAS Code of Conduct
2. Medication forms (if medication is taken during school hours, forms will be filled in the office.)
3. Patriot Way form
4. Liability Release and Indemnity
5. Acceptable Use Policy for Technology
6. Informed Consent Agreement
7. Consent to Perform Drug Testing (grades 9-12)
8. *I understand that firearms, weapons, ammunition, explosives and dangerous instrumentalities of any kind are not allowed on the property of PLAS under any conditions whatsoever.*

I affirm that the above information is correct to the best of my knowledge. I fully understand that this is an application for enrollment and is subject to the approval or disapproval of the Board of Trustees.

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Signed by Parent or Guardian

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Date

*INSTRUCTIONS: After you have completed the entire application (signed and dated) please mail or hand-deliver it to PLAS at the address listed at the top of the application. Thank you for your interest in PLAS.*