

GENERAL RECOMMENDATION

Student, complete the **Release Authorization** below, then give to an adult who knows you well. Relatives may not submit a student recommendation. **Your application will be held until we receive this form.**

RELEASE AUTHORIZATION

To Be Completed by Student

I am authorizing the release of the following information to be considered in my application for admission to Pensacola Christian College and understand that the information will be held in confidence by the College and will not be released to me or anyone else. I understand that this questionnaire will be mailed to Pensacola Christian College by the person completing the Student Recommendation information below.

Student Signature

Date

Student Name (Please Print)

Address (Street/City/State/ZIP)

STUDENT RECOMMENDATION

To Be Completed by Person Recommending Student

Please help as we seek to make an intelligent selection of students and to understand something about their needs. This information will be held strictly confidential by the College and will not be made available to the candidate. Please answer all questions frankly.

Signature of Person Filling Out Form

Date

Name of Person Filling Out Form (Please Print)

Address (Street/City/State/ZIP)

()
Telephone No.

- 1. What relationship do you have with this person? _____
- 2. Has this person been married before? Yes No
- 3. Do you know of any reason why this person would not be suitable to attend Pensacola Christian College? Yes No If yes, please state why. _____

- 4. To what extent do you consider the applicant to be a dedicated Christian? _____

- 5. Is this person trustworthy? Yes No
- 6. List any outstanding traits or extremes such as boldness, shyness, brilliance, dullness, etc. _____

- 7. Would you want your children to be in close association with this person? Yes No

Any additional information would be appreciated and may be attached to this form.

Mail completed form to: **Director of Admissions**
 Pensacola Christian College
 P.O. Box 18000
 Pensacola, FL 32523-9160
 U.S.A.

This student's application cannot be further processed until we hear from you.

PENSACOLA CHRISTIAN COLLEGE®

GENERAL RECOMMENDATION

Student, complete the **Release Authorization** below, then give to an adult who knows you well. Relatives may not submit a student recommendation. **Your application will be held until we receive this form.**

RELEASE AUTHORIZATION

To Be Completed by Student

I am authorizing the release of the following information to be considered in my application for admission to Pensacola Christian College and understand that the information will be held in confidence by the College and will not be released to me or anyone else. I understand that this questionnaire will be mailed to Pensacola Christian College by the person completing the Student Recommendation information below.

Student Signature

Date

Student Name (Please Print)

Address (Street/City/State/ZIP)

STUDENT RECOMMENDATION

To Be Completed by Person Recommending Student

Please help as we seek to make an intelligent selection of students and to understand something about their needs. This information will be held strictly confidential by the College and will not be made available to the candidate. Please answer all questions frankly.

Signature of Person Filling Out Form

Date

Name of Person Filling Out Form (Please Print)

Address (Street/City/State/ZIP)

()
Telephone No.

- 1. What relationship do you have with this person? _____
- 2. Has this person been married before? Yes No
- 3. Do you know of any reason why this person would not be suitable to attend Pensacola Christian College? Yes No If yes, please state why. _____

- 4. To what extent do you consider the applicant to be a dedicated Christian? _____

- 5. Is this person trustworthy? Yes No
- 6. List any outstanding traits or extremes such as boldness, shyness, brilliance, dullness, etc. _____

- 7. Would you want your children to be in close association with this person? Yes No

Any additional information would be appreciated and may be attached to this form.

Mail completed form to: **Director of Admissions**
 Pensacola Christian College
 P.O. Box 18000
 Pensacola, FL 32523-9160
 U.S.A.

This student's application cannot be further processed until we hear from you.

PENSACOLA CHRISTIAN COLLEGE®

ACADEMIC RECOMMENDATION

Student, complete the **Release Authorization** below, then give to your principal or college registrar (home schoolers, to a Sunday school teacher or church member.) Relatives may not submit a student recommendation. **Your application will be held until we receive this form.**

RELEASE AUTHORIZATION

To Be Completed by Student

I am authorizing the release of the following information to be considered in my application for admission to Pensacola Christian College and understand that the information will be held in confidence by the College and will not be released to me or anyone else. I understand that this questionnaire will be mailed to Pensacola Christian College by the person completing the Student Recommendation information below.

Student Signature

Date

Student Name (Please Print)

Address (Street/City/State/ZIP)

STUDENT RECOMMENDATION

To Be Completed by Principal or College Registrar

Please help as we seek to make an intelligent selection of students and to understand something about their needs. This information will be held strictly confidential by the College and will not be made available to the candidate. Please answer all questions frankly.

Principal or College Registrar's Signature

Date

Principal or College Registrar's Name (Please Print)

Address (Street/City/State/ZIP)

()
Telephone No.

1. What relationship do you have with this person? _____
2. Has this person been married before? Yes No
3. Do you know of any reason why this person would not be suitable to attend Pensacola Christian College? Yes No If yes, please state why. _____

4. Do you believe that this person will be able to complete college studies successfully? Yes No If no, please state why. _____

5. Is this person trustworthy? Yes No
6. List any outstanding traits or extremes such as boldness, shyness, brilliance, dullness, etc. _____

7. Would you want your children to be in close association with this person? Yes No

Any additional information would be appreciated and may be attached to this form.

Mail completed form to: **Director of Admissions**
 Pensacola Christian College
 P.O. Box 18000
 Pensacola, FL 32523-9160
 U.S.A.

**This student's application cannot be
further processed until we hear from you.**

PENSACOLA CHRISTIAN COLLEGE®

TRANSCRIPT REQUEST FOR COLLEGE AND HIGH SCHOOL RECORDS

TO THE REGISTRAR OR PRINCIPAL:

I have applied to Pensacola Christian College for the
 Fall Spring of _____.
Year

Please send a copy of my
 College Transcript High School Transcript

To: **Director of Admissions**
Pensacola Christian College
P.O. Box 18000
Pensacola, FL 32523-9160
U.S.A.

Student Signature

Date

Attach Personal Data below to transcript being sent to Pensacola Christian College.

PERSONAL DATA

To Be Completed by Student

Name (Last/First/Middle/Maiden)

Student's Name at Time of Enrollment (if different from above)

Birth: Mo./Day/Yr.

Social Security No.

Last Attended: Term/Yr.

Graduation Date: Mo./Yr.

Address (Street/City/State/ZIP)

PENSACOLA CHRISTIAN COLLEGE®

Please print and complete this form and return it to the Admissions department along with a small photo of yourself:

*Pensacola Christian College
P.O. Box 18000
Pensacola, FL 32523*

Name: _____

Address: _____

I certify that the information given on the application is complete and accurate. I also understand that I am financially responsible for the payment of this account if the student listed above is accepted for enrollment.

Applicant's signature: _____ Date: _____

Signature of parent, guardian, or sponsor: _____

STATEMENT OF FINANCIAL RESPONSIBILITY

Pensacola Christian Academy/Pensacola Christian College

We at Pensacola Christian College feel it is important for students and parents to read and understand our financial policies. These policies are published in the college catalog. Signing this Statement of Financial Responsibility will acknowledge that you have read the Financial Information section of the Pensacola Christian College catalog and that you agree to the terms and conditions as set forth in the catalog.

Print student's name: _____ Date: _____

Student's Signature: _____

Student's Social Security Number: _____

The parent or legal guardian of the student must sign in the space provided below.

As the parent or legal guardian of the above student, I have read the Financial Information section of the college catalog and will accept full responsibility for payment of any unpaid tuition, fees, and room and board for any time the above-named student is enrolled at Pensacola Christian College as an undergraduate or high school boarding student.

Print Parent or Legal Guardian's name: _____

Parent or Legal Guardian's Signature: _____

Parent or Legal Guardian's Social Security Number: _____

Date: _____

PENSACOLA CHRISTIAN COLLEGE

POWER OF ATTORNEY

Must be completed by the parent or legal guardian

Student Name _____ Gender _____ Birthdate _____ Age _____
Last First Middle M/F Month/Day/Year

Pursuant to Fla. Stat. § 743.0645, I/we, _____ and _____, as parent(s)/guardian(s) of the minor identified above ("Minor") do hereby consent to and appoint the Vice President for Student Life, the assistants to said person, or affiliate employees as the Minor's representatives, who all are over the age of eighteen (the "Agents"). All of the Agents are employed by or on behalf of Pensacola Christian College, Inc., whose mailing address is: P.O. Box 18000, Pensacola, Florida 32523-9160, U.S.A.

I/we, as parent(s)/guardian(s) of the Minor, grant the Agents with the power of attorney to provide medical consent to medically necessary surgical and general anesthesia services and the performance of whatever operation, procedure, or removal of tissue decided to be necessary by the attending physician or medical provider on the above-named minor for the period of his/her registration at Pensacola Christian College or until the Minor reaches the age of majority. The Agents shall only exercise the granted authority described herein if I/we cannot be contacted by the Minor's treatment provider. The extent of the Agents' power of attorney is limited to the specific authority provided herein. I/we acknowledge and agree that the authority provided herein does not include, unless otherwise stated, any of the duties specified in Fla. Stat. § 709.2114.

Pursuant to Fla. Stat. § 765.109(1), neither the Agents nor Pensacola Christian College, Inc. (including its affiliates and subsidiaries) shall incur any liability whatsoever by reason of the giving of any authority or consent to treatment hereunder, and there is no obligation on Pensacola Christian College, Inc., or the Appointees to be available to exercise this power of attorney should the minor need medical attention.

In consideration of the above-named Agents' exercise of the specific power of attorney granted herein, I/we agree to hold harmless and indemnify said Agents and Pensacola Christian College, Inc., its affiliates and subsidiaries, along with its and their officers, directors, employees, agents, contractors, and/or successors and assigns, from and against any liability whatsoever arising from the administration of any anesthetic or any medical treatment or procedure or performance of any operation or the removal of any tissue as a result of any consent hereunder without any limitation of the foregoing. This indemnifying agreement shall apply to any liability whatsoever, whether presently known or unknown, or anticipated or unanticipated, arising by reason of the giving of any consent hereunder.

MUST BE COMPLETED IN FULL

County _____ State _____

Before the undersigned Notary Public, personally appeared

_____ who
Parent/Guardian Name

is personally known to me / has produced identification

(state type of ID) _____

and who did / did not take an oath.

Given under my hand and official seal this

_____ day of _____ 20____.

Notary Public

My commission expires _____.

Notary Seal

Signature of Parent(s) or Legal Guardian(s):

If both names are listed above, both should sign;
if only one name is listed, only that parent/guardian should sign.

Signature Relationship

Signature Relationship

Address City State

Country

Telephone numbers in case of emergency:

1. _____

2. _____

Witness

Name: _____

Signature: _____

Witness

Name: _____

Signature: _____

This request for a Power of Attorney is in case a student is involved in an accident or suddenly becomes seriously ill. Local hospitals, in most cases, will not admit a minor for observation purposes without your consent. The law will not allow treatment on minor children without parental or guardian consent. Therefore, it is necessary that you complete and return this form to us prior to registration. No minor using College facilities will be officially enrolled in school until this form is on file. The administration of the College assures you that this power will only be exercised in case of an emergency. If such an emergency arises, an immediate attempt will be made to notify you through one of the emergency telephone numbers.

If the student is attending for the fall semester, this form should not be completed prior to February 1. If the student is attending for the spring semester, this form should not be completed prior to September 15. The form must be notarized and cannot be altered in any way. If a mistake is made, do not cross out, white out, or write over the mistake; you should instead complete a new form. Forms received with cross-outs/white-outs/write-overs will be returned and a new form will need to be completed.

Pensacola Christian College, Inc.
Rock Climbing and FlowRider® Waiver and Release Form

I understand and agree that I am assuming for myself and the Participant named below all risk of injury from participating in rock climbing activities or surfing on the FlowRider®. I understand that: (1) injuries while rock climbing may occur from rope entanglements, objects falling from or being dropped by other climbers, or from contact with anchor points, bolts or equipment used in climbing; (2) injuries while using the FlowRider® may occur by falling or being thrown by the water pressure onto a fixed surface or padded retaining wall, or by contact with the body board; and (3) other unforeseeable injuries may occur from either activity. I hereby waive, release, and agree not to sue Pensacola Christian College, Inc., its affiliates or subsidiaries, and any of their officers, directors, employees, agents, students, successors or assigns for any damage, injury, cost or cause of action arising from any participation in these activities. I voluntarily sign this waiver, release and agreement not to sue with full knowledge of the nature and extent of the risks inherent in the use of the rock climbing wall and FlowRider®.

Student's Printed Name

Student's ID #

Parent/Legal Guardian's Printed Name
(for student under 18 years old)

Student's Signature

Parent/Legal Guardian's Signature

Date

Date

