

Pine Tree Academy

Student Housing Application

67 Pownal Road, Freeport, ME 04032 • pinetreeacademy.org
Ph: (207) 865-4747 • Fx: (207) 865-1768



This application must be completed IN FULL and parents must have an interview with Dean on registration day, or prior to with appointment, before student may move into dorm. This application will be scanned back with an application received date on the bottom. If you do not receive a copy back in a timely manner assume we have not received it and follow up by contacting the school.

Student's Name _____ DOB _____ SS# _____

Student's Address _____

City _____ State _____ Zip _____

Student's Primary Phone (____) _____

Mother's Name _____ Primary Phone (____) _____

Mother's Address _____

City _____ State _____ Zip _____

Mother's Work Phone (____) _____

Father's Name _____ Primary Phone (____) _____

Father's Address _____

City _____ State _____ Zip _____

Father's Work Phone (____) _____

Emergency Contact's Name _____

Emergency Contact's Phone (____) _____ or (____) _____

Relation to Student: _____

If your child is sick and in need of medical attention, your private insurance information will be given to the provider. If your child is injured on PTA's campus or sponsored event, and in need of medical attention, your child will be taken to a local physician or Parkview hospital. PTA does have student accident insurance. In this event, you will be notified as soon as possible. The treatment facility will be given your home information and the bills will come directly to you. The school will complete its part of the accident form and send it directly to you. It is then YOUR responsibility to complete the remaining portion of the form, sign it, and mail it to the insurance company, as well as forward all bills that you receive to this company. In the event of an injury and you do not wish to use our accident insurance it is your responsibility to contact the treatment facility with your insurance information.

Family Physician's Name _____ Phone: (____) _____

Physician's Address _____

Student's Insurance Company _____

Insurance Address _____

Insurance Phone Number _____

Insurance Policy Number _____

Allergies (including foods) _____

Medications student will have (prescription and non-prescription) _____

Medical conditions we need to be aware of _____

The individuals listed below have permission to transport my child to and from the Pine Tree Academy campus for home visits and Freeport area travel:

(Travel for school events will be provided by authorized Pine Tree Academy personnel)

Please describe any lifestyle preferences or restrictions that will apply to your child

I, _____, hereby sign that I have read and understand the student housing rules located in the school bulletin, and those stated on this application. I agree to abide by these rules while living in PTA student housing.

Student's Signature

Date Signed

Parent's Signature

Date Signed

- DEANS USE ONLY**
- Interview with Dean
 - Copy of Medical Insurance Card
 - Copy of Permission to Treat
 - Copy of Drivers License
 - Copy of Auto Insurance
 - Student Driver/Passenger Permission Form

Date Application Was Received _____