

Jacksonville Christian Academy

Application for Enrollment

Student Name _____ Nickname _____ Grade Enrolled _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Street Address _____ Apt/Lot # _____

City _____ State _____ Zip _____

Phone: Home _____ Mother Cell _____ Father Cell _____

Parent Email Address: _____

Emergency Contact: Name _____ Phone _____ Relationship _____

Parent Information

Father's Name _____ Living with Child? Yes () No ()

Employed by _____ Work Phone _____

Mother's Name _____ Living with Child? Yes () No ()

Employed by _____ Work Phone _____

Does the family attend church? Yes () No () Where? _____

School Information

School last attended _____ Grade _____

Address _____ Zip _____

Does your child have any learning disabilities? Yes () No () If yes, please explain in detail.

Parent's Agreement Form:

- I consider it a privilege to have the opportunity to send our child to the Jacksonville Christian Academy and shall endeavor to support and uphold the principles, practices, and educational policies of the school.
- I agree to support and uphold the high academic standard of the educational ministry by providing a place at home for my child to study and by encouraging my child in the completion of any homework or assignments.
- I appreciate the Christian standards of the educational ministry and will not tolerate profanity, obscenity in word or in action, dishonor to the Godhead or the Word of God, or disrespect to the staff of the church school. I hereby agree to support the policies and procedures published in the church school educational handbook on the applicant's behalf and authorize the church school to employ discipline, as it deems wise and expedient, for the training of my child.
- I understand that the church school reserves the right, after parental conference, to dismiss any child who fails to comply with the established regulations and discipline, or whose parents do not assume their responsibility to the educational ministry.
- I realize that a Christian School is not a substitute for the training, fellowship and discipline of the local church. Therefore, I agree to have my child in regular attendance in a Sunday school program in a Church where God's Word is preached, believed, and obeyed.
- I understand that my child is expected to take part in educational activities, including sports and sponsored trips away from the educational facility, and I absolve the church from liability to me or my child because of injury to my child at supervised church school activities.
- I agree to the payment terms described in the financial agreement.
- I have received the student handbook and I agree to uphold the policies and procedures of this school and the terms stated on this application.
- I have read the admissions policies. I concur with them and agree to see that our child accepts them. I have read the statement of faith and give permission to the school to teach this doctrine to our child.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date



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CHRISTIAN
ACADEMY

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MEDICAL RELEASE FORM

Student's Full Name: _____
(please print)

DOB: _____

In case of accident or serious illness and the school is unable to reach me, I hereby authorize the school to contact the physician indicated below, and to follow his instructions / treatment. If it is impossible to contact this physician, the school may make whatever arrangements necessary to provide care and treatment for my child.

In case of an accident or serious illness, where immediate treatment of my child is not necessary, but where he / she is unable to remain at the school, the supervisor or the principal will contact me to arrange transportation for my child. If the school is unable to reach me, I authorize the school to contact one of the persons listed below and request that they come to the school and transport my child home.

Signature of Parent / Guardian Date

Printed Name of Parent / Guardian

First Person to call for transportation Phone

Second Person to call for transportation Phone

Physicians Name Phone

Hospital Preference Phone

Insurance Provider Primary Insured Group # ID #

List any current medical conditions in detail and / or concerns related to injuries, operations, major illness or allergies your child has ever had. Please note if current condition or past condition.



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PUBLICATION AGREEMENT

I hereby grant the Jacksonville Christian Academy the rights to:

1. The right to use my child's name, photograph, picture, portrait, and image in connection with its educational and promotional materials or any other similar purpose.
2. The right to create composite or computer manipulated materials from my child's image.
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image individually or in conjunction with other images or printed matter in any and all media including, but not limited to, printed material, yearbooks, school website etc.

I understand and agree that my child's image will become part of the Jacksonville Christian Academy's photographic file. I also understand that neither my child nor I will receive compensation in connection with the use of my child's image.

I hereby release and forever discharge the Jacksonville Christian Academy and all included from any and all claims, demands, rights and causes of action of whatever kind that I may have, either in my own behalf or in my capacity as legal representative of my child, caused by or arising from the use of my child's image, including all claims for liability and invasion of privacy.

Student Name: _____ Date: _____

Please read the options below and sign the appropriate certification regarding permissions to the statement above.

1. I certify that I am the parent / legal guardian, that I am at least 18 years of age. I have read and understand the above statements. I grant permission to the Jacksonville Christian Academy to use my child's name, photograph, picture, portrait and image as described above.

Signature: _____ Date: _____

Print Name: _____

2. I certify that I am the parent / legal guardian, that I am at least 18 years of age. I have read and understand the above statements. I grant permission to the Jacksonville Christian Academy to use my child's name, photograph, picture, portrait and image **ONLY IN THE SCHOOL YEARBOOK.**

Signature: _____ Date: _____

Print Name: _____

3. I certify that I am the parent / legal guardian, that I am at least 18 years of age. I have read and DO NOT AGREE to the above statements. Therefore, **MY CHILD'S IMAGE WILL NOT BE USED IN THE SCHOOL YEARBOOK,** nor available for any other publication.

Signature: _____ Date: _____

Print Name: _____



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STUDENT HANDBOOK AGREEMENT

Student Name: _____ School Year: _____

I/We have received the student handbook, either in printed form or via the school website.

I/We understand that it is my responsibility to abide by the policies and procedures of the JCA Student Handbook. I/We have read the entire handbook and agree to uphold the school standards, the classroom rules, and abide by the policies contained therein.

I/We further understand that if these procedures are not followed, disciplinary action outlined in the handbook will be taken and may result in detention, suspension, or expulsion from the school.

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

Student Signature

Date



JACKSONVILLE CHRISTIAN ACADEMY
11697 NORMANDY BOULEVARD
JACKSONVILLE, FL 32221
OFFICE 904-783-2818
FAX 904-783-9999
admin@jcajacksonville.org

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REQUEST FOR RECORDS

To: Releasing School Counselor _____

Date _____

Phone _____

School Name _____

Address _____

City _____

State _____

Zip Code _____

STUDENT NAME _____ **D.O.B.** _____ **Grade** _____

Please fax or email last report card and health records as soon as possible. Then forward the remaining permanent student records to Jacksonville Christian Academy.

- _____ Transcript or Report Card Grades to Date of Withdrawal
- _____ Attendance Records
- _____ Health Records – Current Immunization and Physical Form
- _____ Birth Certificate
- _____ Psychological Records
- _____ Exceptional Education Records & IEP if applicable
- _____ Standardized Test Scores
- _____ Discipline Records

Parent Signature _____ Date _____

Signature of Receiving Principal _____

Financial Information / Agreement 2024-25 School Year

The Jacksonville Christian Academy is a Department of the Division of Education of the First United Pentecostal Church with an annual budget dependent upon the tuition of the students and gifts of friends. All school accounts must be paid in a timely manner.

REGISTRATION & BOOK FEES (non-refundable fees)

Registration Fee (includes National testing, school picture and yearbook)	\$400.00 due at time of registration
Curriculum Fee 1-6 th grade	\$700.00 due July 1st
Curriculum Fee 7-12 th grade	\$800.00 due July 1st

TUITION	Yearly	Monthly
Grades 1-12th	5600.00	560.00 (10 equal payments)

Tuition may be paid in one lump sum, which will enable you to receive a 5% discount, or it may be paid in 10 monthly payments. The first payment is due on or before the first day of school and the remaining balance is to be paid in nine equal payments, due on the first day of each month beginning in September and continuing through May. If payment is not received in the school office by the 10th day of each month, a \$25.00 late fee will be assessed. If the account remains delinquent for the next 20 days, thus still not paid by the 30th of the month, the student's enrollment will be automatically suspended (without exception) until all past due amounts are paid in full. There is a \$40.00 service charge for non-sufficient or returned payments of any kind.

The registration and curriculum fees are **non-refundable fees**.

I understand that if my account is in arrears more than 30 days, my child's enrollment will be suspended until all past due amounts are paid in full. I understand that my child's records will not be released until all outstanding balances are paid.

I have read and understood the above financial information and will abide by the required payment terms and conditions.

Signature of person responsible for payments

Date



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PASTOR RECOMMENDATION FORM

Dear Pastor,

We sincerely appreciate your comments concerning the applicant. Your insight based on the relationship with the applicant and their family will be greatly valued in consideration of their acceptance into our school. All information will be held in the strictest confidence and will only be shared with school administration.

This form must be completed by the Pastor or an authorized Associate to the Pastor and sent directly to the Jacksonville Christian Academy. It may be sent via mail, email, or fax. It cannot be delivered by the parent or applicant. Please rate the applicant based on your personal relationship with them.

Name of Applicant _____

Date of Birth _____ Grade Enrolled _____ School Year _____

Name of Church _____ Pastor's Name _____

Personal Attributes	Exceptional	Above Normal	Normal	Below Normal
Attendance				
Attitude				
Character and Integrity				
Concern for Others				
Cooperation				
Peer Relationships				
Personal Conduct				
Respectful Behavior				
Responsible for Actions				

Additional comments or concerns: _____

Signed

Title

Date

11697 Normandy Boulevard, Jacksonville, FL 32221
Email: Admin@jcajacksonville.org
Office: 904-783-2818
Fax: 904-783-9999