

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



JACKSONVILLE
CHRISTIAN
ACADEMY

Where Students Soar

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



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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