

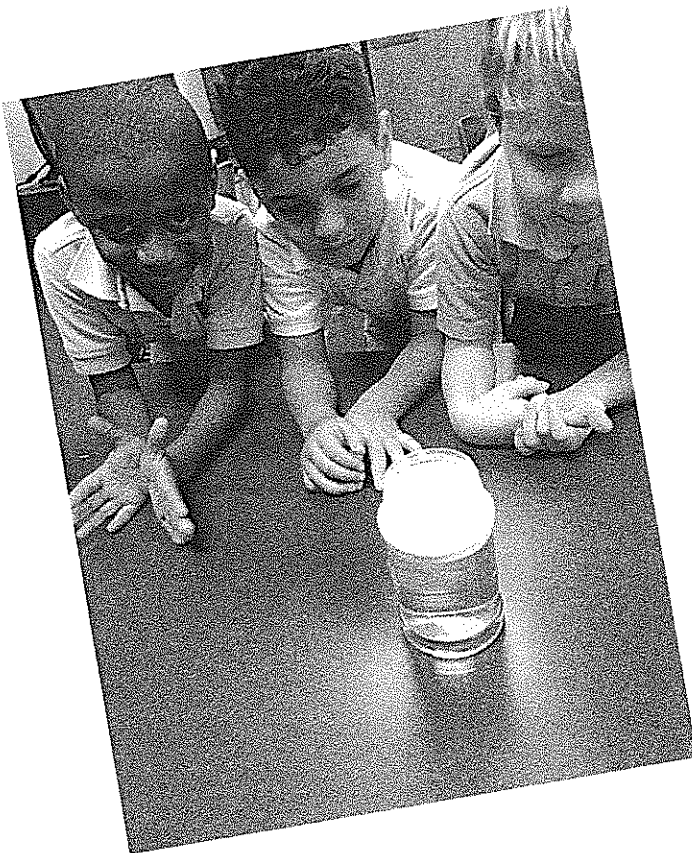
# Application for Admission



## Admissions Policy

It is our goal at to provide a solid educational foundation, built on the principles of the Bible. In order to promote a positive learning environment for every student, we must consider the following:

1. The child should have an eagerness or desire to attend the school. A positive outlook toward the school fosters a more successful educational experience.
2. Support of staff and administration by the parents/guardians is a vital element of our school's success with each child. The parents should demonstrate their support of the school by reinforcing the teachers' expectations, by participation in the school programs and fundraisers, and by following the rules outlined in the Student/Parent Handbook.
3. In addition to the application, the parents are required to provide copies of the student's report card for the last two years, school conduct report/ school discipline summary, standardized test results, any psycho-educational testing, a pastor's recommendation (grades 6-12), and if applicable, a current Individualized Education Plan (I.E.P.).
4. ADMISSION TESTING may be conducted to assess the child's educational level and his/her ability to assimilate with SCA's curriculum and expectations. Students in grades 6-12 will also be asked to submit two (2) teacher recommendations from previous schools. The student will be tested according to the grade level he/she has just completed.
5. Parents will be notified by letter of the results of the diagnostic screening. The child should score at least 70% overall on both reading and math (students entering grades 9-12 are only tested in reading and writing, as various levels of math courses are offered at the high school level). In the event a child is not accepted as the result of his/ her failure to meet the testing criteria, any prepaid fees will be refunded.
6. ALL STUDENTS entering grades 6th - 12th, will be required to have an interview with a interviewing panel before being admitted to *Seacoast Christian Academy*.
7. K5 STUDENTS must be 5 years old on or before September 1 in order to enter kindergarten.





## DOCUMENT CHECKLIST

The following items are to be on file at the office of Seacoast Christian Academy:

1.  Student Application (completed)
  - a. Birth Certificate (copy)
  - b. Student's Social Security Card (copy)
  - c. Recent Picture (original)
2.  Copy of last 2 years' report cards, school conduct report/student discipline summary report, SAT/CTBS, FSA, Current IEP (if applicable), two (2) Teacher Recommendations, plus current year grades
3.  Certificate of School Entry Health Examination
4.  Certificate of Immunization
5.  Emergency Medical Authorization Form (notarized)
6.  Statement of Health History
7.  Parent Volunteer Sheet
8.  Financial Commitment Agreement  
(Including completed payroll deduction agreement for employees)
  - a. Registration Fee
  - b. Book Fee
  - c. Tuition & other fees (any due at time of registration)
  - d. Exhibit A
  - e. Automatic Tuition Payment Agreement
9.  Tuition and Fee Schedule
10.  Copy of legal document showing authority as Guardian (if needed)
11.  Student/Parent Pledge of Cooperation (signed)
12.  Uniform Policy Acknowledgment (signed)



# Application for Admission

**Please attach the following:**  
 a) A recent picture  
 b) Copy of Birth Certificate  
 c) Copy of Social Security card  
 d) Copy of Health and Immunization certificate

**For Office Use Only:**  
 Fees Paid: \_\_\_\_\_  
 Transcripts Requested: \_\_\_\_\_  
 Admission Acceptance: \_\_\_\_\_

## Student information

Date: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade Child will enter : \_\_\_\_\_ Sex:  Female  Male  
 Students Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ S.S. Number: \_\_\_\_\_  
 Former School Attended: \_\_\_\_\_  Student has accepted Christ? If Yes, What Age? \_\_\_\_\_  
 Family Physician / Pediatrician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Church Attended by your child: \_\_\_\_\_ Pastor/Leader: \_\_\_\_\_  
 Church Denomination: \_\_\_\_\_  
 Race or Ethnic Origin:  Hispanic  White (Non Hispanic)  Black (non Hispanic)  American Indian or Alaska Native  
 Asian or Pacific Islander  Other (please specify): \_\_\_\_\_

## Family Information

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone : \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Financially responsible for fees?  Yes  No Social security #: \_\_\_\_\_ Email : \_\_\_\_\_  
 With whom does child live?  Both Parents  Mother  Father  Other (please specify) \_\_\_\_\_

## Emergency Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

## Persons Authorized to Pick Up Child

Name: \_\_\_\_\_ Phone : \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone : \_\_\_\_\_

**After the student has been accepted, please call the business office to set up an appointment to finalize the contract. Student is not enrolled, or guaranteed placement, until the financial contract is completed and the registration fee is paid.**

Seacoast Christian Academy, Inc utilizes Bible based curriculum for all grades, KS through 12th grade. As parent/legal guardian of the child applying for enrollment, I understand and agree to the use of a Bible based curriculum. Furthermore, I understand and agree that my child is to participate in daily prayer, chapel and other services of this nature.

Parent / legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Application for Admission, page 2

Why have you chosen *Seacoast Christian Academy* for your child? \_\_\_\_\_  
\_\_\_\_\_

Has your child been diagnosed with a specific learning disability (SLD) or an attention Deficit disability?(ADD)

Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Does your child have any academic problems?

Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Has your child ever been suspended or expelled from school?

Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Does your child participate in activities outside of school?

Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

How did you hear about *Seacoast Christian Academy*? \_\_\_\_\_  
\_\_\_\_\_

Do you know any other families that may be interested in enrolling at *Seacoast Christian Academy*? (List names and contact information) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Non- Discrimination Policy**

*Seacoast Christian Academy* admits students of any race, color, national, or ethnic origin.

**Parent Signatures**

My signature verifies that the information provided on this application is correct and I willingly accept and agree to abide by the policies of *Seacoast Christian Academy*

Parent/Legal Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this completed form to:  
Seacoast Christian Academy, 861 Townsend Blvd, Jacksonville, FL 32211  
Or fax to: 904-674-0887



## EMERGENCY MEDICAL AUTHORIZATION FORM

**(This form must be notarized)**

I/we understand that no emergency treatment may be given without parental consent except in a life-threatening situation. I/we understand that in the event of a medical emergency every effort will be made to contact the persons I/We have designated to authorize emergency care.

However, in the event that a legal guardian cannot be reached and my child requires emergency medical care, as legal guardian of the student whose name(s) appears below authorize the school Administrator, or her designee to give emergency treatment, to include first aid & CPR by a qualified staff member. Should my child need to be transported to a hospital, I understand and accept responsibility for any charges incurred. In the event my child is well enough to return to *Seacoast Christian Academy* before I am able to arrive at the emergency room, my child may be released in to the custody and care of the administrator or other designated *Seacoast Christian Academy* representative, and return to *Seacoast Christian Academy*.

(Please print the information below and then sign the form before a **Notary Public**)

Childs Name: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Physicians Phone: \_\_\_\_\_

Medical Insurance (and ID#) : \_\_\_\_\_

Allergies: \_\_\_\_\_

### OTHER INFORMATION THAT MAY BE IMPORTANT:

In the event of a medical emergency: \_\_\_\_\_

\_\_\_\_\_

### TELEPHONE NUMBERS:

Mom work: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Dad work: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

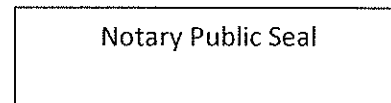
Parent / Legal Guardian Name: \_\_\_\_\_

Parent / Legal Guardian Signature: \_\_\_\_\_

Signed and sworn before me on \_\_\_\_\_, 20\_\_ by: \_\_\_\_\_

She/he is personally known to me or has produced \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_





### STATEMENT OF HEALTH HISTORY

Student Name: \_\_\_\_\_ Age : \_\_\_\_\_ Grade Level: \_\_\_\_\_

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

Is there any information we should have regarding the welfare of your child, such as handicaps, health restrictions, diets etc.?

No  Yes If yes, please explain: \_\_\_\_\_

Is there any activity you do not want your child to participate in?

No  Yes If yes, please explain: \_\_\_\_\_

What childhood diseases had your child had?

Measles  Polio  Chicken Pox  Scarlet Fever  Other (Please explain)

Please check which Immunizations your child has received.

Diphtheria Year \_\_\_\_\_  Whooping Cough Year \_\_\_\_\_  Tetanus Toxoid Year \_\_\_\_\_

Does your child have a history of any of the following physical conditions?

Heart trouble  Asthma  Ear trouble  Hernia  Skin trouble  Allergies  Lung trouble

Other (please explain) \_\_\_\_\_

Are there any medications that your child is allergic to?

No  Yes If yes, please explain: \_\_\_\_\_

Does your child take any medications for allergies or medical conditions on a regular basis?

No  Yes If yes, please list the current medications your child is taking, and their purpose

If your child has ANY changes in his/her medication history, please advise the school Administrator immediately.

Please send this completed form to:  
Seacoast Christian Academy, 861 Townsend Blvd, Jacksonville, FL 32211  
Or fax to: 904-674-0887



## CHURCH RECOMMENDATION FORM

Please complete the top portion for your family and give to your pastor or church office to return to Seacoast Christian Academy.

Church Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name(s) & Grade(s) of Children: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Our family affirms our commitment to the above named church by attending weekly:

Morning Worship  Sunday School  Small Groups  Youth Group

Please check or list ministries that your family members participate in.

Teacher  Mission Trips  Church Officer  Youth Group  Visitation  Nursery  Office Assistance  
 Drive Bus or Van  Usher  Parking  Music Ministry  Church Work Day  Other

Does your family attend worship services weekly, 70% of the time?  Yes  No

### Church Office Use Only

Dear Pastor,

This student named below is a candidate for admissions to Seacoast Christian Academy. Your honest assessment of this student will be held in complete confidence and will only be used for the purposes of admission and placement. It will not be available to the applicant or parents. Please complete this form and return it to the Director of Enrollment of Seacoast Christian Academy. We appreciate your insight. In order to ensure that we receive the most accurate assessment of the student, please complete this reference form and return it to the Office of Admissions at the above address or fax.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of years the student has been enrolled in this school: \_\_\_\_ Number of years you have known the applicant: \_\_\_\_

I would like to discuss this family personally rather than complete this form.

Family participation is:  Exceptional  Good  Average  Needs Improvement  Unsatisfactory  Not Known

Parents are members in good standing?  Yes  No If no, are they under church discipline?:  Yes  No

Years of acquaintance: \_\_\_\_\_

Form Completed by: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this completed form to:  
Seacoast Christian Academy, 861 Townsend Blvd, Jacksonville, FL 32211  
Or fax to: 904-674-0887





## SCHOOL RECOMMENDATION FORM (For Student Entering K – 5<sup>th</sup> Grade)

Permission is given to release the information below.

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Dear Teacher:

The above student has applied to Seacoast Christian Academy. Please fill out this form and return it by mail to Seacoast Christian Academy. Thank you for your help.

Please rate the student in the following areas according to this scale:

**E – Excellent G – Good S – Satisfactory N – Needs Improvement P – Poor**

For responses rated an "N" or a "P", please provide a comment.

Activity	Rating					Comments
General Attitude	P	N	S	G	E	
Ability to work on task	P	N	S	G	E	
Cooperation	P	N	S	G	E	
Effort	P	N	S	G	E	
Ability to follow directions	P	N	S	G	E	
Respect for Teachers	P	N	S	G	E	
Self-help skills	P	N	S	G	E	
Respect for other students	P	N	S	G	E	
Language development	P	N	S	G	E	
Math Skills	P	N	S	G	E	
Large motor development	P	N	S	G	E	
Fine motor development	P	N	S	G	E	

Does this student appear to have any learning problems?  Yes  No  I don't know

Does this student appear to have ADHD or ADD:  Yes  No  I don't know

Describe any factors that might affect the student's academic progress. \_\_\_\_\_

Describe any factors or discipline problems that affect the student's ability to function well in the classroom. \_\_\_\_\_

For what grades did you teach this student? \_\_\_\_\_

Will this student be ready for kindergarten next fall?  Yes  No  I don't know

This information may  or may not  be discussed with parents.

School Phone: \_\_\_\_\_ Attendance record:  Satisfactory  Unsatisfactory

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates the child attended this school: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

This information may  or may not  be discussed with parents.

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send this completed form to:  
Seacoast Christian Academy, 861 Townsend Blvd, Jacksonville, FL 32211  
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**ELEMENTARY ACKNOWLEDGEMENT AND PLEDGE OF COOPERATION FORM**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

**The purpose of the *Parent/Student Handbook* is to help your son/daughter gain the greatest possible benefit from his/her education.**

I know that the *Parent/Student Handbook* contains a list of rules for students' behavior at school. I understand that it is my responsibility to learn what those rules are, and to know what will happen if I break a rule. I understand that Seacoast Christian Academy reserves the right to dismiss any student who does not cooperate with any phase of the educational program or whose attitudes and actions are not in harmony with the aims and ideals of SCA By signing this pledge, I agree to abide by the policies of SCA, and I understand that enrollment in SCA is subject to all terms and conditions of this handbook.

In preparing our students for the 21st Century each Seacoast Christian Academy student will have access to the internet. Unless a parent has signed the "Internet Opt-Out" form, each student will be given access to the SCA network and Internet. SCA currently uses an Internet filtering and monitoring system, but be aware, however, that there is inappropriate and controversial material on the Internet that your child might still access.

When a student is assigned SCA property such as textbooks, athletic equipment, or computer equipment, they are required to exercise reasonable care to protect against its loss or damage. In the event SCA property is lost or damaged while in the care of a student, the student's parent/guardian will be financially responsible for reimbursing SCA the reasonable cost of repair or replacement of the item.

Seacoast Christian Academy publishes a variety of information about our school on a portion of the Internet known as the World Wide Web. From time to time we may wish to include your child's work (stories, poems, reports) and/or photo on our web site, bulletin boards, newsletters, fliers or other forms of communication. No last names are used under elementary student work. No names will be placed under photos. Student photos will only be used generically. No identifying marks or physical characteristics, clothing, or other articles bearing a student's name or any other means by which a student can be identified will be photographed. No other personal information about the student, such as e-mail address, phone number, or home address will be published on the Web, bulletin boards, newsletters, fliers or other forms of communication. Our School will also videotape and will occasionally use portions of video for educational purposes.

**\*Please initial one:**

- I consent to my child's work, photo, video, or name being used in any digital communication form as described above.
- I do not give consent to my child's work, photo, or name being used in any digital communication form as described above.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: Failure to return this acknowledgement form will not relieve a student or the parent/guardian of the student from responsibility for knowledge or non-compliance of the contents of the Parent/Student Handbook and Internet Use Policy.**



## PARENTAL INTERNET OPT OUT FORM

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Grade

In preparing our students for the 21<sup>st</sup> Century Seacoast Christian Academy students will be assigned a computer network login that will provide the student with access to the internet. Unless a parent has signed this "Internet Opt-Out" form, each student will be given access to the Internet. The proper use of the Internet provides opportunities for research, learning, and web based educational programs. **Some enrichment and curriculum resources programs are only accessible through the Internet including some specific intervention and grade recovery programs.**

The purpose of this form is to give you the opportunity to choose not to allow use of the Internet by your son or daughter. If, at any time during the school year, you would like to rescind your decision and change your permission, you must let the school know in writing.

I hereby release Seacoast Christian Academy, its personnel, and any institution with which it is affiliated, from any and all claims and damages of any nature arising from my child's inability to use the Internet, including, but not limited to, claims that may arise from the unauthorized use of.

I will emphasize to my child that they are not authorized to use the Internet at school and they will not use a computer that is logged in by anyone else or use another student's logon to access the Internet. Their network account will be blocked from accessing the Internet but this is not a complete guarantee that your student will not come into contact with the Internet while at school.

**\*Please initial one:**

\_\_\_\_\_ I consent to my child having supervised access to the internet.

\_\_\_\_\_ I do not give consent to my child having supervised access to the internet.

\_\_\_\_\_  
Parent name (please print)

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

Please send this completed form to:  
Seacoast Christian Academy, 861 Townsend Blvd, Jacksonville, FL 32211  
Or fax to: 904-674-0887



## STUDENT / PARENT ACKNOWLEDGMENT OF UNIFORM POLICY

I understand that *Seacoast Christian Academy* reserves the right to dismiss any student who does not cooperate with any aspect of the educational program or whose attitude and /or actions are not in harmony with the aims and ideals of *Seacoast Christian Academy*. By signing this pledge, I agree to abide by the policies of *Seacoast Christian Academy* and I understand that my continued enrollment is contingent upon my compliance with all the stated polices in the Student/Parent Handbook.

I have also read and understand the uniform policy in effect for students of *Seacoast Christian Academy*, including:

All uniform tops must be purchased from RC Uniforms (11160 Beach Blvd #126, Jacksonville, FL 32246, 904-646-0493)

I am aware that if my child arrives at school out of compliance with school policy that I may be called to come to the school and bring acceptable attire for my child. I further understand that my child will remain in the school office until I arrive. (Note: please be aware that dress code infractions my go unnoticed upon occasion. Action will be taken promptly to enforce that policy, when violations are observed)

STUDENT NAME: \_\_\_\_\_

STUDENTS SIGNATURE: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

PARENTS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



## *School Records Release Form/Child's Most Recent Report Card*

Parent/Guardian: simply complete this form and return it with your child's application.

Date: \_\_\_\_\_

Dear Administrator:

\_\_\_\_\_ has enrolled in Seacoast Christian Academy for

Grade \_\_\_\_\_ Beginning \_\_\_\_\_.

Please forward all student records within 5 days of this notice. Records should include but are not limited to:

- Current grades or grades from last year
- Any standardized testing scores that are part of the student's records
- Attendance
- Disciplinary records and/or any other information that you deem necessary

Please send these school records to:

Seacoast Christian Academy- Admissions  
861 Townsend Blvd.  
Jacksonville, Florida 32211

Email: [psfrontdesk@seacoastchristianacademy.com](mailto:psfrontdesk@seacoastchristianacademy.com)

Fax: 904-674-0887

Name and Address of Last School Attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR OFFICE USE ONLY:

School Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Initial Date Requested \_\_\_\_\_

Date Received \_\_\_\_\_

Please send this completed form to:  
Seacoast Christian Academy, 861 Townsend Blvd, Jacksonville, FL 32211  
Or fax to: 904-674-0887