



Dear Parents:

Thank you for your interest in Seacoast Christian Academy. We have adopted an admissions policy that opens the school to families who are like-minded spiritually, who are supportive of our philosophy, objectives, and standards of education, and whose children meet our enrollment standards. Our purpose is to serve families who desire not simply a private education, but a distinctively Christian education for their children.

Before applying for admission to our school, please read the Parent/Student Handbook provided in this introductory packet, or you may view it online on the school web site. The Parent/Student Handbook will introduce you to many of the school's policies, procedures, and expectations for both parents and students.

The first several pages of the Handbook explain our religious purpose, mission, and beliefs. This school unashamedly believes, teaches, and practices a literal interpretation of the Word of God. If you do not agree with our religious mission and beliefs, enrolling your child in our school will likely cause him or her confusion. For example, if a question regarding biblical lifestyles arises in chapel or your child's classroom, the teacher will answer from a biblical viewpoint consistent with our mission and belief statement. If your beliefs and lifestyle choices are not in agreement with our doctrinal stance, that answer will likely create conflict for you and your student. We respect your desire to place your child in the best possible learning environment, but if you are not in full agreement with our doctrinal positions, it will be best for all concerned if you do not enroll your child at our school.

While we do not make modifications to our curriculum and assignments based on individual learning plans, we do offer a very structured atmosphere so that each student has the opportunity to experience a positive learning environment. Students are expected to be responsible and manage their behavior by responding positively to the instructions of their teachers.

Biblical principles are integrated into every subject taught at our school. Our staff is committed not only to academic excellence, but also to teaching students to apply the truths of God's Word to every aspect of life. If you are in agreement with the teachings of God's Word, this school will complement the beliefs and ideals your child is taught at home. We look forward to partnering with you to educate your child in God's truth.

In Christ,

Elton O. Brooke
Principal



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 an interviewing panel before being admitted to Seacoast Christian Academy.

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/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: _____

Mother'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, K5 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: _____

Thank you for your time and call 904.722.1738 with questions. **Please send this completed form to:**
Seacoast Christian Academy, 8057 Arlington Expressway, Jacksonville, FL 32211, Attention: Director of Enrollment



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: _____



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**)

Child Name: _____

Hospital Preference: _____

Physicians Name: _____ Physicians Phone: _____

Medical Insurance (and ID#): _____

Allergies OR Medical conditions: _____

Telephone Numbers:

Mom work: _____ Cell: _____ Home: _____

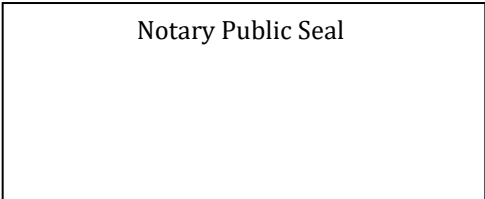
Dad work: _____ Cell: _____ Home: _____

Parent / Legal Guardian Name: _____ 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 explain: _____

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



STANDARD MAINSTREAM SCHOOL ACKNOWLEDGEMENT

Seacoast Teachers ensure that every student has an opportunity for a positive learning environment through substantial instructional time, feedback with questions and answers, review sessions for tests, redirection as needed, selected seating arrangements, and adequate time for assessments. It is important to understand that, due to our limited resources, the below conditions or items are not offered at *Seacoast Christian Academy* as we are a **standard mainstream school**.

Unmodified
homework and
classwork

No testing
environment
change

Unmodified
tests or testing
times

No small group
pull-outs

No in-house
speech therapy

By my signature below, I acknowledge and understand that Seacoast Christian Academy offers a Standard Academic Curriculum.

Parent's Signature

Date

School Administration

Date



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: _____

Thank you for your time and call 904.722.1738 with questions. **Please send this completed form to: Seacoast Christian Academy, 8057 Arlington Expressway, Jacksonville, FL 32211, Attention: Director of Enrollment**

TEACHER RECOMMENDATION FORM (For Middle/High School)

Student Name: _____ Grade Level: _____

Teacher Name: _____ Subject: _____

Please rate the performance of the above named student using the scale from 1 -5 Needs Improvement to - Excellent. For responses rated a 1 or 2, please provide comments.

Activity	Rating					Comments
Attends school on a regular basis	1	2	3	4	5	
Is on time to class	1	2	3	4	5	
Completes class assignments on time	1	2	3	4	5	
Displays school pride	1	2	3	4	5	
Respects and honors school environment	1	2	3	4	5	
Shows positive attitude in class	1	2	3	4	5	
Gets along well with others	1	2	3	4	5	
Demonstrates eagerness and capacity to learn	1	2	3	4	5	
Engages in school activities	1	2	3	4	5	
Shows ability to make and keep commitments	1	2	3	4	5	
Receptive to new ideas	1	2	3	4	5	
Accepts responsibility	1	2	3	4	5	
Demonstrates initiative	1	2	3	4	5	

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.

In what other areas could the student use help from the mentor? Check all that apply and add your comments:

- | | | |
|---|--|---|
| <input type="checkbox"/> Time management | <input type="checkbox"/> Organizational skills | <input type="checkbox"/> Interpersonal skills |
| <input type="checkbox"/> Leadership skills | <input type="checkbox"/> Communication skills | <input type="checkbox"/> Job-related skills |
| <input type="checkbox"/> Other, please comment: | | |

What do you see as the student's area(s) of strength?

Describe your level of recommendation of this student.

Signature of Teacher _____

Date _____



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;

The stipulation that all uniforms 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: _____



11160 Beach Boulevard ▪ Jacksonville, Florida 32246

Phone: (904) 646-0493 ▪ Fax: (904) 646-1944

E-mail: orders@rcuniforms.com Website: www.rcuniforms.com



[facebook.com/rcuniformsjax/](https://www.facebook.com/rcuniformsjax/)



[@rcuniforms](https://www.instagram.com/rcuniforms)

Dear Parent,

Thank you for allowing us the opportunity to be the uniform provider for your school.

Attached is your uniform price list (subject to change the closer we get to the new school year). All Seacoast Christian Academy uniform apparel is available in our store for your shopping convenience. If you prefer shop online, please visit our website www.rcuniforms.com.

We strongly encourage you to sign up for email updates, either in our store or online at <http://rcuniforms.com/subscribe/>. By subscribing to our email list, you will receive information about upcoming promotions and uniform information that pertains to your school.

Returns or exchanges will be accepted 90 days after purchase with receipt and original tags attached. Any items returned without receipt or tags attached can be exchanged or returned for store credit. Merchandise that has been altered or washed cannot be returned.

We accept all credit cards and cash. Unfortunately, we are no longer able to accept checks.

We are located at:

St. John's Square II Shopping Center
11160 Beach Blvd. #126 (just west of 295)

REGULAR HOURS

Tuesday-Friday: 10am-5pm

Saturday: 10am-2pm

CLOSED SUNDAY AND MONDAY

SUMMER HOURS (JULY- AUGUST)

Monday-Saturday: 10am-6pm

CLOSED SUNDAYS

Thank you for your time and call 904.722.1738 with questions. **Please send this completed form to:
Seacoast Christian Academy, 8057 Arlington Expressway, Jacksonville, FL 32211, Attention: Director of Enrollment**



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 be assigned a computer network login that will provide the student with 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. I have read and reviewed the Guidelines for Safe and Acceptable Use of the Computers and the Internet. Please stress to your child the importance of using only his or her account password, and of keeping it a secret from other students. Your child is responsible for all activity that happens in his/her account. We also reserve the right to access and review any files or other electronic information stored on SCA network servers. With this permission, you and your child waive copyright on any material posted on the SCA network and website. 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*.

Thank you for your time and call 904.722.1738 with questions. **Please send this completed form to: Seacoast Christian Academy, 8057 Arlington Expressway, Jacksonville, FL 32211, Attention: Director of Enrollment**



PARENTAL INTERNET OPT OUT FORM

Student Name (please print)

Grade

In preparing our students for the 21st 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



MEDICATION RELEASE FORM

Name of Student: _____ RenWeb: _____

Medication: _____ Dosage: _____ (amount and times)

Medication: _____ Dosage: _____ (amount and times)

Medication: _____ Dosage: _____ (amount and times)

Special instructions (including any special storage requirements and noting any side effect(s) of which the school should be aware)

Reason for medication: _____

Name of Physician: _____ Date of RX: _____

PARENTAL CONSENT AND WAIVER

I hereby give my permission for my child (named above) take the above prescribed medication at school. This medication will be kept at the front desk and taken under school representative supervision.

I hereby give my permission for my child (named above) to take non -prescription medication to be taken under school representative supervision and listed below.

Tylenol

Advil

Benadryl

Anti-itch cream

Neosporin

Saline solution for eyes

Cough Drop

Tums

WAIVER OF LIABILITY

I understand that *Seacoast Christian Academy* will administer only the prescribed medication mentioned above. I hereby waive any and all claims against the *Seacoast Christian Academy*, and agree to hold the *Seacoast Christian Academy* harmless from any and all liability, which may arise in connection with my child's use of the medication.

Parent or Guardian's Signature

Date



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)
13. National School Lunch Program Application (signed)