JCA Re-Enrollment Application

2022 - 2023

Family Information Update

February 1-28 \$75.00 After February 28 \$125.00



Student Name: ______ D.O.B. __/__ /__ Enrolling grade: ____ Address: Street City Number State Zip Code Are there currently any special factors, conditions, or learning difficulties affecting your child about which the school needs to be informed? () Yes () No Medications () Yes () No If yes, please explain: Your church name: Church Attendance: () Regular () Occasional () Seldom () Never **Primary Contact** () Father/Guardian () Mother/Guardian Name: _____ Cell Phone: Cell Phone: _____ Employer: _____ Employer: Position: Position: Work Phone: _____ Work Phone: _____ Email: _____ Email: Marital Status: ()Single ()Married Marital Status: ()Single ()Married ()Separated ()Remarried ()Separated ()Remarried ()Divorced ()Divorced ()Widowed ()Widowed CHECK ALL THAT APPLY: ()Father Deceased ()Mother Deceased ()Parents Separated ()Parents Divorced Student lives with: ()Father & Mother ()Father ()Mother ()Guardian ()Grandparent ()Step Father ()Step Mother()Other_____ Receive Mail: ()Father & Mother ()Father ()Mother ()Guardian ()Grandparent ()Step Father ()Step Mother()Other_____ Legal Custody: ()Father & Mother ()Father ()Mother ()Guardian ()Step Father ()Step Mother()Other_____ ()Grandparent Financial Responsibility: () Father & Mother() Father ()Mother ()Guardian ()Step Father ()Step Mother()Other_ ()Grandparent **EMERGENCY CONTACTS** other than parents: 1st Emergency Contact: _______ Phone Number: ______ 2nd Emergency Contact: ______ Phone Number: _____

Please return this completed form along with your registration fee.

OFFICE USE ONL	<u>Y:</u> Date	Paid \$	Check#	Initials
NC Scholarship	Birth Certificate	Immunization Record	Physical Exam	_ Transcripts

Jacksonville Christian Academy

Parent's Statement of Cooperation and Support

I pledge my full support and loyalty to the aims and ideals of this church school. In a day and age when many parents are abdicating their responsibilities regarding the rearing of their children, I am signing this form in an honest effort to reassure the administration of my full support.

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I Agree to the following: (Please read and initi	al each statement below.)
1. I have read the JCA Student Handbook at the handbook. (You can find the JCA Student Hand 2. I agree to pay my school bill on time. Tuimust be paid by the 15th. After this date, a late my account becomes delinquent and is not paid with school until proper payment has been made. I realispart of a month my child attends school.	tion is due on the first day of each month and payment fee will be charged to my account. If <i>in 30 days</i> , my child will be suspended from
	roblems or grievances with other parents. I agree Jacksonville Christian Academy or First Free gree to bring any serious questions and criticisms rity may properly consider them. For questions
	s to execute a Biblical approach with regards to o be defensive should I be notified for a discipline
6. I understand that the school policy states 7. I give permission for my child/children to trips, sports activities, and school sponsored trips as school from liability to me or my child/children. Parelleaving the premises.	participate in all school activities, including field way from the school premises and absolve the
8. In the event of an emergency, I give JCA are necessary to the welfare and safety of my child/o	
	on by automatic dialing equipment, School Cast,
10. If a JCA photographer or videographer to individually or in a group, I give permission for my videos, social media, websites or other publications for Christian Academy. (See JCA Student Handbook for	child's picture to be used in future brochures, for First Free Will Baptist Church or Jacksonville
11. I further pledge not to neglect my respowill see that my student studies, completes assignment and quizzes. Being a cooperating partner with JCA appropriate measures to see that my child progresse include after school tutoring, spending extra time we child's progress. I am committed to my student's docharacter education.	ents on time, and prepares adequately for tests in the education of my child, I will take as adequately in the learning process. This may ith my child and adequately monitoring my
12. I agree that my student should absolute procedures and ensure that my child will not ac	ely obey all school/classroom rules, policies and ecrue excessive tardies or absences. eror Cards, our only required JCA fundraiser
Parent/Guardian Signature	Date

Date_

Parent/Guardian Signature_____