

STN: _____

Indiana Christian Academy Student Enrollment Application



Personal Information

Student's Full Name (Last name, First Name and Middle) _____ Age _____ Grade Applying For _____

Residence Address _____ City _____ Zip Code _____

(____)_____-____ Home Phone (____)_____-____ Father's Work Phone (____)_____-____ Father's Cell Phone

(____)_____-____ Mother's Work Phone (____)_____-____ Mother's Cell Phone _____ Parent's/Guardian's Email Address

Boy Girl ____/____/____ Date of Birth Birthplace _____ Birth City _____ Birth State _____

Father's Name _____ Father's Employer _____ Position _____

Mother's Name _____ Mother's Employer _____ Position _____

Guardian Parent(s): Father & Mother Mother Father (Please Check One)

Marital Status: Married Divorced Remarried Single (Please Check One)

Persons authorized to take your child from school _____

Christian History Information (Not Required for Acceptance)

Name of Church You Are Currently Attending Years Attended

Pastor's Name Denomination Affiliation

(____)_____-____ Church's Phone Number _____ Church/Pastor's Email

For Office Use Only

- ___ Registration Fee
- ___ Health Sheets (K5, 6)
- ___ Testing/Test Scores
- ___ Signatures
- ___ Transcripts
- ___ Interview
- ___ Recommendation
- ___ Release of Liability

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School History Information – New Applicants Only

School last attended _____

School Name

Street address

City State Zip

Reason(s) for Changing School _____

Are you coming to ICA based on someone's recommendation _____ If so, whom _____

Has child repeated any grade? Yes No If yes, indicate grade: _____
If yes, please also indicate reasons for repeating a grade. _____

Has child ever been expelled, dropped, or suspended by any school? Yes No

If so, what school? _____ School's Phone Number _____

Statement of Cooperation

I understand that my child's attendance at Indiana Christian Academy is a privilege and not a right; and that if at any time his/her conduct, academic progress, or cooperation with the school's authorities is not in keeping with the school's requirements, the school reserves the right to terminate at its discretion my child's enrollment.

I give permission for my child to take part in all school activities including sports programs and school-sponsored trips away from the school premises. I absolve the school from all liability in the event my child is injured at school or during any school activity. I agree with the school's efforts to train my child in the Bible and will encourage my child in this and in all other phases of the curriculum.

I pledge not to interfere with the school in its efforts to administer discipline to my child in accordance with the standards the school sets for itself.

I further agree, to the best of my ability, that the information given is accurate and without error.

Signature of parent or guardian

_____/_____/_____
Date

Signature of parent or guardian

_____/_____/_____
Date

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Medical Information

In an emergency, when we are unable to contact you at your home or work number, are there relatives or friends that we may call?

Name _____ Phone # _____ Cell Phone # _____

Name _____ Phone # _____ Cell Phone # _____

Please list the physician who should be contacted in case of emergency:

Physicians Name _____ City _____ Phone # _____

Insurance Co. _____ Policy # _____

Please list any allergies _____

Statement of Financial Responsibility

I understand that I am responsible for all tuition and fees, as well as miscellaneous charges, that accrue on the above student's account. Payments are due at the time agreed upon with the business office and/or FACTS Management. The tuition amount will be spread out over that ten-month span for your convenience. Tuition payments may be made at the beginning of each semester for the entire semester or at the beginning of the year for the entire year. Discounts are available with these options. Please see business office for options.

Signature of person assuming responsibility

_____/_____/_____
Date

Release of Liability

I authorize and give my permission that my child, _____, is able to go with the school on school-sanctioned trips/activities (i.e. field trips, activities, school camp, Camp Outta Here, sporting events, etc.).

In case of medical emergency, when I, as a parent or guardian, am unable to be reached, I give my permission to the physician selected by the staff of Indiana Christian Academy to give any medical attention deemed necessary for my child.

Signature of parent or guardian

_____/_____/_____
Date

Insurance Company

Policy Number