

# 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
- Thank you card sent
- Follow up phone call

### 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 faculty or staff is not in keeping with the school’s policies, procedures and statement of faith, the school reserves the right to terminate at its discretion my child’s enrollment.

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 to partner with the school in all aspects of the Christ-centered education of my child. I have read the ICA Student Handbook and, as a partner, I will be supportive of the schools policies, procedures, statement of faith and faculty and staff. Should discipline be needed, I will be supportive of the school in carrying out the discipline in accordance to the school’s policy manual.

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

\*All parents or legal guardians must sign.

## 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 # \_\_\_\_\_

**Allergies:**  Yes  No Types of Allergies: \_\_\_\_\_

Reaction to exposure: \_\_\_\_\_

Are reactions life-threatening: Yes/No

Course of action if exposed: \_\_\_\_\_

## Statement of Financial Responsibility

I understand that when I enroll my child at Indiana Christian Academy we are committing to one academic year. Indiana Christian Academy understands that sometimes things happen that are out of our control that requires a family to withdraw their child prior to the end of the school year. Should this be the case, our family would be responsible for the two subsequent months of enrollment per child withdrawn.

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