



## 2016/2017 Application

**Braselton Christian Academy**  
401 Zion Church Rd  
Braselton, Ga. 30517  
706-824-9943

Student's Full Name \_\_\_\_\_ Name Student Prefers \_\_\_\_\_ Date \_\_\_\_\_

Gender: Male / Female Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ How old will your child be on September 1<sup>st</sup>? \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Last School Attended \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Father's Cell \_\_\_\_\_ Mother's Cell \_\_\_\_\_ Home Number \_\_\_\_\_

Preferred Email Address \_\_\_\_\_ Preferred Contact \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Address (if different from above) \_\_\_\_\_

Occupation \_\_\_\_\_ Work Number \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Address (if different from above) \_\_\_\_\_

Occupation \_\_\_\_\_ Work Number \_\_\_\_\_ Email \_\_\_\_\_

Child lives with: \_\_\_\_\_ Both Birth Parents \_\_\_\_\_ Birth Mother Only \_\_\_\_\_ Birth Father Only \_\_\_\_\_ Birthmother & Stepfather \_\_\_\_\_ Birthfather & Stepmother \_\_\_\_\_ Adoptive Parents \_\_\_\_\_ Guardian

Who is authorized to pick up your child? \_\_\_\_\_

**\*\* It is the responsibility of the parent to inform us of any custody issues that might concern the school and/or your child \*\***

Reason for leaving last school? \_\_\_\_\_ Did your child have a behavior problem at the last school? \_\_\_\_\_

Has your child ever been suspended or expelled from a school? Please explain \_\_\_\_\_

Has your child been charged or convicted of a misdemeanor or a felony \_\_\_\_\_

Has your child ever been in a special class, counseling, or a rehabilitation program for drug use or behavior issues? \_\_\_\_\_

**Braselton Christian Academy will be responsible for providing monthly attendance records to the county in which your child resides:**

Date of last physical exam \_\_\_\_\_ Eye exam \_\_\_\_\_ Hearing exam \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_ Any condition that needs special attention \_\_\_\_\_

The following documents will be required to complete the registration process: Birth Certificate, Certificate of Immunization Form GA 3231, Eye, Ear & Dental (EED) Form GA 3300

The GA Form 3231 is required by the State of Georgia and is available at your doctor's office or at the Health Department. Failure to comply with this policy could result in the temporary closing of the school; therefore, it will be requested upon registration. Your child will not be placed in a class until this requirement is fulfilled.

Any known food allergies? \_\_\_\_\_ Any other allergies the school needs to be aware of? \_\_\_\_\_

Is your child on any medication? \_\_No \_\_Yes If yes, please identify the medicine, dosage and pharmacy: \_\_\_\_\_

Other children in the home and ages: \_\_\_\_\_

Briefly describe your child's relationship with you, your spouse, and other members of the family: \_\_\_\_\_

\_\_\_\_\_

What are your child's likes and dislikes (this can be hobbies, food, games, etc.)? \_\_\_\_\_

\_\_\_\_\_

Does your child have a learning difficulty or have any areas which need academic modifications? \_\_\_\_\_

Would you like your child tested for a specific learning difficulty? (\$250 fee) \_\_\_\_\_

**Our school is accredited by the Southern Association of Colleges and Schools (SACS) and the Georgia Association of Christian Schools (GASC) as well as a member of the Association of Christian Schools International (ACSI) and The National Institute of Learning Difficulties (NILD).**

**In making application to Braselton Christian Academy, I/ We understand that:**

(Please Initial)

- \_\_\_\_\_ 1. Parents are expected to pay tuition and fees as stated by school policy.
- \_\_\_\_\_ 2. In full cooperation with the school, we will attend the Parent Teacher Organization meetings. We sincerely pledge our loyalty to the aims and policies of the school and to bring any and all questions and criticism directly to the administration so that they may be properly considered by those in authority.
- \_\_\_\_\_ 3. The school reserves the right to dismiss any student who does not cooperate with the total educational process of Braselton Christian Academy by both action and attitude.
- \_\_\_\_\_ 4. I give permission for my child to take part in all school activities including sports and school sponsored trips away from school and absolve the school of any liability to me/us or my/our child of any injury at a school activity that is properly supervised.
- \_\_\_\_\_ 5. In the case of an accident or illness, I understand that the school will try to contact me or my physician and follow instructions received. If these efforts fail, I authorize the school to take any action that seems necessary for the wellbeing of my/our child.
- \_\_\_\_\_ 6. I hereby give Braselton Christian Academy permission to use photographs/video/sound of my minor child for publicity, promotion, news releases, videos, and web use of Braselton Christian Academy. This may also apply to the written composition or visual art of the minor if it is published.

BCA admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. BCA does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship, athletic, and other school administered programs.

**Final Acceptance is subject to evaluation of records submitted and an interview with the Administration.**

I/We hereby understand and will abide by the above policies.

Signed: (Father, Mother, or person legally responsible for student) \_\_\_\_\_ Date \_\_\_\_\_

Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_