



THE CHRISTIAN ACADEMY OF WINTER HAVEN, INC.

REQUIRED DOCUMENTATION FOR SCHOOL ENROLLMENT

PLEASE RETURN IN A TIMELY MANNER

- COMPLETED SCHOOL APPLICATION
- COMPLETED REGISTRATION FORM
- COMPLETED QUESTIONNAIRE FORM
- COMPLETED LUNCH FORM
- SOCIAL SECURITY CARD (COPY)
- BIRTH CERTIFICATE (COPY)
- PHYSICAL EXAMINATION FORM
- IMMUNIZATIONS RECORD
- SCHOOL RECORDS (IF TRANSFERRING)
- VPK CERTIFICATE OR FINAL ASSESSMENT
- ACTIVE IEP OR CURRENT 504 PLAN
- SIGNED "CORPORAL PUNISHMENT" CONSENT FORM
- SIGNED "PARENT RESPONSIBILITY" CONTRACT
- SIGNED "WHAT WE BELIEVE IN" DOCUMENT
- COMPLETED SCHOOL NURSE FORM
- COMPLETED SEMINAR FORM(GIRLS ONLY-NURSE FORM)

****PLEASE NOTE****

ALL DOCUMENTATION MUST BE RECEIVED BEFORE OUR REVIEWING PROCESS CAN BEGIN. SUBMITTING DOES NOT GUARANTEE YOUR CHILD(REN) WILL BE ENROLLED. IF NOT, THE STUDENT(S) WILL BE PLACED ON THE WAITING LIST.

THANK YOU

The Christian Academy Of Winter Haven, Inc.

"We walk by faith, not by sight."

School of Principle, Morals & Dignity

Student Application

School Term 20_____



SOARING EAGLES

"...And so we soar high."

P.O. Box 3515

Winter Haven, FL 33885

STUDENT INFORMATION

Name _____
Last First Middle

Residential Address _____

City _____ Zip _____

Mailing Address (if different from above) _____

City _____ Zip _____

Phone (_____) _____ Cell (_____) _____

Age _____ Sex _____ Birth date _____

Ethnicity: Are you Hispanic/Latino? Yes/No Primary Language: _____

Race:

___ White ___ African American/Black ___ American Indian/Native Alaskan ___ Asian
___ Native Hawaiian or Pacific Islander

School last attended _____

Address _____

City/State _____ Student's grade to enter _____

How will the child get home? ___ Walk ___ Car ___ Other

For Elementary (K-5) Students Only		
Did the student complete kindergarten? Yes/No	Years in school, including kindergarten prior to current year.	
Did the child complete a VPK Program? Yes/No	Where: _____	Name: _____

_____	_____	_____
Enrolling Parent/Guardian (Print Name)	Enrolling Parent/Guardian (Signature)	Date
_____	_____	_____
Enrolling Parent/Guardian (Print Name)	Enrolling Parent/Guardian (Signature)	Date

*****FOR OFFICE USE ONLY*****

Grade _____ Teacher _____ Student ID _____ Entry Date _____

Admitting Personnel _____ Date _____ Records Request Date _____

FAMILY INFORMATION

Father's Name _____

Employer _____ Position _____

Business Phone _____

Mother's Name _____

Employer _____ Position _____

Business Phone _____

Marital Status: ___ Married ___ Divorced ___ Separated ___ Widowed ___ Single

Student lives with : ___ Both parents ___ Parent & Step Parent ___ Mother Only

___ Father Only ___ In Foster Care ___ Other

MEDICAL INFORMATION

Family Physician _____

Address _____ Phone _____

Does the child have any physical limitations or disabilities? _____

Does the child have any known allergies? _____

Has child received immunizations:

Diphtheria _____ Smallpox _____ Polio _____

Does the child take any medication? Yes/No Name: _____

Please list any medical condition _____

EMERGENCY CONTACT INFORMATION

In case of an emergency notify: _____

Phone (____) _____ Cell (____) _____

Please list any emergency information you feel is pertinent, that would aid staff in the event of an emergency _____

NONDISCRIMINATORY POLICY

We, The Christian Academy of Winter Haven, Inc., admit students of any race, creed, color, national or ethnic origin, age, or disability to all rights, privileges, programs, and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, creed, color, national or ethnic origin, age, or disability in the administration of our educational policies, admission policies, scholarship and loan programs and athletic and other school administered programs.

SCHOLASTIC INFORMATION

Has the student been in an exceptional student education (ESE) or any other special education program? Yes/No

Has the student been determined eligible under Section 504 and/or has a Section 504 plan? Yes/No

Has the student been in any ESOL or ELL program or class? Yes/No

Has the student ever attended a Florida/Polk County school (PreK-12)? Yes/No

If yes, give the following information:

County	School Name	Address	Year Attended
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Has the child ever been expelled, dismissed, suspended or denied admission to another school? _____

Has the child ever failed in school or been held back? Yes/No Which grade? _____

“I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any school activity. I also give permission for my child’s work and picture to be published.”

“I agree to uphold and support the high academic standard of the school by providing a place at home for my child to study and give my child encouragement in the completion of any homework or assignments.”

“I appreciate the standards of the school and do not tolerate profanity, the use of drugs or alcohol, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school on the applicant’s behalf and authorize this school to employ discipline as it deems wise and expedient for the training of my child.”

“I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.”

“I have read the Student Handbook, agreed to attend the Parent-Teacher Meetings, Conferences and sign the Corporal Correction Notification, and understand the terms stated on this application and agree thereto.”

Signature of Father/ Legal Guardian

Signature of Mother / Legal Guardian

Date

Date

The Christian Academy of Winter Haven, Inc.

P.O. Box 3515, Winter Haven, FL 33885



Elder Larry Hart, Superintendent
Sister Patricia Kilpatrick, K-6th Grade Principal

Elder Kenneth Brascom, Administrator
Sister Inez Brunson, 7th-12th Grade Principal

"We Walk By Faith...Not By Sight."

REGISTRATION FORM K - 12

<input type="checkbox"/> New Enrollment		<input type="checkbox"/> Re-enrollment	School Year: 20__ - 20__		Grade to Enter: __
Student's Name: Last:			First:		Middle:
Street:			City:		Zip:
Phone:		Birth Date: / /		Student's Race:	
School attended last year:		Address:		Emergency Information List contact if parent cannot be reached	
Circle grades previously attended at this school: K5 1 2 3 4 5 6 7 8 9 10 11					Name:
Father's Name:		Phone:	Employer:		Phone:
Email:		Child's Physician's Name:			
Mother's Name:		Phone:	Employer:		Ph#
Email:		Additional Contact:			
List the parent/guardian with whom the student lives:					Church now attending:
Reason for selection of this school:					Attending Bible School?
School recommended by:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Principal's Signature:					Date:

Statement of Cooperation

In making application for my child, it is my desire to have him/her complete the school year _____. It is also my understanding that the policy of the school is to make no refunds on registration fees. I also give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. I give permission for my child to be photographed for the purpose of the Christian Academy of Winter Haven, Inc. website, publications, school newspaper, and social media platforms. I will be supportive of the school and respect its policies. I will attend Parent/Teacher meetings (PTM) as scheduled. If I am unable to attend for any reason beyond my control, I will inform the school whenever my telephone # or address changes.

Parent Signature:

Date:

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Dear CAWHI Parent: The handbook includes a code of conduct section which explains the school-wide rules and consequences. As a reminder regarding consequences of behavior issues:

General Measures for Disciplinary Issues

1st offense – Warning from office and parent notification

2nd offense – Parent called for conference, suspension or corporal punishment administered

3rd offense – Student suspended.

4th offense – Suspension, possible expulsion

Corporal Punishment

The Christian Academy of Winter Haven, Inc. reserves the right to administer corporal punishment as a form of correction for the students.

Please sign the below regarding the Corporal Punishment Policy and return it to the school immediately.

The Christian Academy of Winter Haven, Inc. Corporal Punishment Policy

I _____ have read the school –wide rules and consequences for the school. I accept these policies and procedures set forth by The Christian Academy of Winter Haven, Inc. and give the school administration permission to use corporal punishment on my child whenever necessary as explained in the school’s consequences.

I _____ have read the school –wide rules and consequences for the school. I accept these policies and procedures set forth by The Christian Academy of Winter Haven, Inc. However, I **do not** give the school administration permission to use corporal punishment on my child. I understand that the alternative consequence will be suspension.

Email: cawhi528@thecawinc.net

School of Principles, Morals, and Dignity

The Christian Academy of Winter Haven, Inc.

P.O. Box 3515 Winter Haven, FL 33885



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Parent Responsibilities

- *My child will arrive at school on time each day and be ready to learn.
- *I will make sure my child completes all class work and homework assignments.
- *I will make sure my child receives an adequate amount of sleep each night.
- *I will explain the importance of appropriate school behavior and will support the school's behavior policies.
- *I will provide a place free from distraction and all the necessary supplies required for my child to complete homework each night.
- *I will reply to any school correspondence within two to three days.
- *I will maintain an open line of communication with all of my child's teachers.
- *I will make sure that my child reads or is read to every night.
- *I will support what I love!

Parent's Signature

Date

Teacher's Signature

Date

Email: cawhi528@thecawinc.net

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The Christian Academy of Winter Haven, Inc (CAWH) is a school of principle, morals, and dignity. Our school was established for the sole purpose of educating the children of our Lord and Savior Jesus Christ in a safe Christian environment with an emphasis on preparation for the kingdom of God (Daniel 1:4).

As we know and see daily, the kingdom of man is perishing. Education, as we know, is only good in this present life (Corinthians 13:8). It is stated in his word, "Seek ye first the kingdom of God and his righteousness," which is the Holy Ghost. He promised all of the necessities of this world, which he will give to us (Matthew 6:33). Our school is founded on a firm commitment to faith in Jesus Christ. Our school, the church in action, adheres to the doctrine of The Pentecostal Church of God. We do not believe in Pagan holidays (Galatians 4:10). We do not believe in going to heaven. We believe in the "kingdom to come" (Revelation). We believe in the five-fold ministry (Ephesians 4:11).

The students of The Christian Academy of Winter Haven, Inc. (CAWH) are encouraged to uphold the spiritual and moral values of the Christian faith, which support and sustain the family, church, and school. We seek to graduate students into society with an understanding of their responsibility as mature Christian citizens. Ideas and practices that support the Christian faith will be implemented in classroom instruction as they relate to the subject being studied. While maintaining these ideas and practices, the student will be able to choose the position and practices that harmonize with God's word. Our school calendar and operation schedule is based on our church meetings dates. There will be days that school will be closed due to our church conferences. These are chapel days where our bible class, which is held during school time, deepen and fortify our understanding of the word of God. Church conferences will be held during the months of September, October, December, February, March, and April. Please understand that we, as a school, are expected to uphold the doctrine in its entirety. If you understand and agree to the aforementioned statement, please sign below.

Parent

Superintendent

Date

Date

Email: cawhi528@thecawinc.net

School of Principles, Morals, and Dignity



School Nurse Consent for Treatment/Emergency Information

OVER-THE-COUNTER MEDICATIONS

(Provided by the parent/guardian or if available)

The following are available to all students whose consent forms have been signed/returned:

Cross out any over-the-counter medications below you DO NOT want your child to receive.

- | | |
|--|--------------------------------|
| -Acetaminophen (Tylenol) | -Ibuprofen (Motrin) |
| -Midol (only for students aged 12 and older) | -Hydrocortisone Cream 1% |
| -Burn Cream | -Cough Drops/Throat Lozenges |
| -Topical Antiseptic (Benzalkonium Chloride) | -Antibiotic Ointment |
| -Hydrogen Peroxide | -Eye Wash, Irrigating Solution |
| -Diphenhydramine (Benadryl) | -Tums |
| -Topical Mouth/Tooth Pain Relievers (Orajel/Anbesol) | |

Reminders:

- The medications listed above will only be given by School Nurse or by instructions given to staff member, after examination of symptoms.
- These medications cannot be given for more than three days in a row without a note from your child's healthcare provider.

Check if your child has any of the following:

My child has the following life-threatening condition that may need emergency treatment or medication (EpiPen, glucagon, emergency seizure medications, asthma inhaler, etc.) at school:

- Asthma Diabetes Seizure Dietary Needs (including food allergies)
 Allergy (to something other than food) Other Health Conditions (not listed above)

List any allergies: _____

Medications (RX): _____

CONSENT FOR HEALTH SERVICES: I consent to care for my child that may include treatment, first aid, over-the-counter medications as listed on the Consent for Treatment form, and any other health services given to my child by the School Nurse. I understand that I have the right to decline consent for health services. I understand that no guarantees are being made as to the effect of any exam or treatment on my child.

Signature: _____ Date: _____

I decline consent for any treatment/first aid/over-the counter medications by the School Nurse.

Signature: _____ Date: _____

(Parent/Guardian)

(Expires in one year)

PLEASE RETURN TO SCHOOL