

CLIFTON CHRISTIAN ACADEMY

ADMISSIONS APPLICATION FORM

Date _____ Applying for the **2022-2023** school year. To be in grade _____ Gender M F

Applicants full Legal Name _____
Last First Middle

Home Address _____
Street City State Zip

Phone Number _____ Emergency Number _____

Cellular _____ Email Address _____

Birth Date _____ Present Age _____ Social Security Number _____

Place of Birth _____
City State/Province County

Public School District in which student resides: _____

Ethnic Group (circle one): Native American Asian African American White Hispanic Other

Family Information

	Father	Mother	Guardian
Legal Name			
Home Address (if different from above)			
Home Phone (if different from above)			
Business Phone			

Parental Marital Status (circle one): Married Single Spouse deceased

Student lives with (circle one): Both Parents Mother Father Guardian

Student: Seventh-Day Adventist Yes No Baptized Yes No Date of Baptism _____

Mother: Seventh-Day Adventist Yes No Baptized Yes No Date of Baptism _____

Father: Seventh-Day Adventist Yes No Baptized Yes No Date of Baptism _____

If SDA, name of church where membership is located _____

Parental Agreement with Clifton Christian Academy

I approve and endorse this application for my son/daughter and as a condition of his/her re-acceptance as a student. I hereby guarantee to Clifton Christian Academy payment of his/her tuition, school fees, and other expenses as he/she may incur in account with the school, recognizing however the right of the school to exclude any student whose conduct or academic standing render undesirable his/her presence at Clifton Christian Academy. I agree that no transcript or grade information will be released until the account is paid in full. Also, I consent to know and abide by policies, philosophies, rules, and regulations of Clifton Christian Academy and will see that my son/daughter also abides by them.

Signed: _____ Parent/Guardian _____ Date _____

EMERGENCY CONTACT INFORMATION

Please list two persons other than student's parents:

- | | | | |
|----|------|---------------------|--------------|
| 1. | | | |
| | NAME | Relation to Student | Phone Number |
| 2. | | | |
| | NAME | Relation to Student | Phone Number |

PLEASE NOTE: Separated or divorced parent(s) may wish to provide a copy of your court order indicating custodial parent along with any special instructions.

If applying for the first time to CCA, please list the name, address, and telephone number of previous school:

Did a CCA Parent/Student recommend our school to you? YES NO

If so, please list the name of the parent/student:

Are you presently in debt to any other private school? YES NO

If so, what school?

CLIFTON CHRISTIAN ACADEMY PARENTAL PERMISSION AND CONSENT TO TREATMENT

Student's Name _____

I, the undersigned parent or guardian of the above minor, do hereby consent to any X-ray examination, immunization, anesthetic, medical, or surgical diagnosis, or treatment and hospital service that may be required to aid the minor under the general or specific consultation of a physician.

It is further understood that this consent is given in advance of any specific diagnosis or treatment that might be required and is given to authorize Clifton Christian Academy or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

I, as a result of this, authorize any hospital, physician, or another person who has attended or examined the minor to furnish the insurance service, or its representative, consultation, prescription, or treatment, and copies of authorization shall be considered as useful and valid as the original.

Parent/Guardian's Signature _____ Date _____

Please supply the following information:

I can be reached at the following numbers

Home: _____

Work: _____

Other: _____

Name of Family Doctor: _____

Doctor Phone number: _____

Emergency Contact

Please print the names of those individuals allowed to pick up your child from school.

Name _____ Telephone _____ Relation _____

Name _____ Telephone _____ Relation _____

Please list full names and relationship of any individual **not allowed** to pick up your child from school

Health History

Serious illness: injuries, medications, allergies, treatments, etc. Explain:

Parental Consent:

I permit the office staff at Clifton Christian Academy to give my child Tylenol as directed on the container, for complaints of minor aches and pains. I understand, should a fever or severe pain be present, I will be notified prior to any treatment.

_____ Yes _____ No

Parent's Signature _____ Date _____

INSURANCE INFORMATION

Primary Insurance Company: _____

Phone Numbers: (_____) _____ - _____ (_____) _____ - _____

Billing Address: _____
Street City State Zip Code

Policy Holder's Name: _____

Address: _____
Street City State Zip Code

Relationship to child/children: _____

ID# _____ Group/Policy# _____

Secondary Insurance Company: _____

Phone Numbers: (_____) _____ - _____ (_____) _____ - _____

Billing Address: _____
Street City State Zip Code

Policy Holder's Name: _____

Address: _____
Street City State Zip Code

Relationship to child/children: _____

ID# _____ Group/Policy# _____

Statement of Consent: *(To be signed in the presence of a legalized notary public)*

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for all medical and dental attention to be administered to my child/children, in the event of an accidental injury or illness, until I can be contacted. This permission includes but is not limited to the administration of first aid and the use of an ambulance.

Signature: _____ Date: _____

Notarization:

On _____, _____, _____ personally appeared before me in _____ County (in the state of _____) and, in my presence, signed this medical release form.

Name of Notary Official: _____

Signature: _____

Commission Expires: _____

REQUEST FOR RELEASE OF STUDENT RECORDS

The student listed below has applied for admission to the Clifton Christian Academy. Please forward the following information:

- Cumulative record
- Report Cards and academic transcript with the Latest Grade Report Card
- Immunization and health/medical records
- Standardized test scores
- Discipline Records
- Attendance Records
- Exceptional Educational Records
- Special placement records and reports
- Confidential reports, state testing, and psycho educational assessments

Parental permission is no longer required when authorized school personnel request records (Family Education Records, Federal Register, June 17, 1976 Vol.41 sec. 99.31 No. 118, page 24673)

Your prompt response and cooperation are greatly appreciated.

STUDENT: _____ **SS#** _____ **DOB** _____

Name and address of last school attended:

School Name: _____

Address: _____
Street Address

City, County State Zip

Person completing this form:

NAME _____ **TITLE** _____

Phone # (____) _____

Fax # (____) _____

Please MAIL or FAX Records to:

Admissions Office
Clifton Christian Academy
3798 Clifton Avenue
Cincinnati, Ohio 45220

Phone: 513-751-1255, 513-751-0135
Fax#: 513-751-1224 E-mail: cca3798@gmail.com

1st Request ___ Date _____
2nd Request ___ Date _____
3rd Request ___ Date _____

PICK-UP FORM

Complete a separate form for each child. A parent or guardian must complete this form. List below the person(s) able to pick up your child from Clifton Christian Academy. Your child's principal, school staff, or teachers will only release your child to the listed individual(s). Anyone picking up your child that is not known or recognized (including yourself) will need to provide a driver's license as proof of identity.

Student Name			
Parent/Guardian Name		Parent/Guardian Name	
Home Number	Work Number	Home Number	Work Number
Cell Number	Other	Cell Number	Other

I give permission for the following individual(s) to pick up my child from Cincinnati Junior Academy. I understand that a driver's license will be required as proof of identity. I also understand that my child will not be released to any individual(s) not on this list. Print or type names clearly. If you need to add names to this list later, please contact the office to submit an amended list.

ADDITIONAL PEOPLE WILL NOT BE ADDED TO THIS LIST UNLESS SUBMITTED IN WRITING - NO PHONE CALLS PLEASE.

Name	Phone Number
Name	Phone Number
Name	Phone Number
Parent Signature	Parent Signature
Date	Date

Emergency Contacts: Parents cannot be listed as emergency contacts. List the names of at least one person who you want to be contacted in the event of an emergency or illness if the parent/guardian cannot be reached. Persons listed should be able to assist in locating the parent/guardian and at least one person listed must be local and able to take responsibility for the child in cases where the parent/guardian cannot be located.

Name		Name	
City	State	City	State
Telephone Number	Relationship to child	Telephone Number	Relationship to child
Other numbers where emergency contact can be reached (optional)		Other numbers where emergency contact can be reached (optional)	

IF ANYONE IS LEGALLY BARRED FROM PICKING UP YOUR CHILD, WE MUST HAVE A COPY OF THE RESTRAINT ORDER OR CUSTODY AGREEMENT IN YOUR CHILD'S FILE FOR ENFORCEMENT.

CLIFTON CHRISTIAN ACADEMY

SCHOOL UNIFORM DRESS CODE

All school uniforms must have no ornaments of any kind. All clothing should be the correct size. There will be no oversize sweatshirts, shirts, or sweaters. Pants are to be worn at the waist with a black belt.

UNIFORM FOR GIRLS

Girls must wear navy colored slacks or shorts (- for PE), a navy jumper, or a navy skirt/skort. Uniform tops are a light blue or white oxford button-down blouse or a light blue, or white polo shirt. Navy blue sweatshirts, navy blue V-neck cardigans, or navy crew pullover sweaters may be worn. Socks may be navy blue or white. Shoes may be dark navy or black. Gym shoes will be navy, black or white with any color trim.

UNIFORM FOR BOYS

Boys must wear navy pants or shorts. Shirts must be light blue or white polo shirts, or light blue or white oxford button-down shirts. A navy-colored sweatshirt, navy V-neck cardigan, or a navy crew neck pullover sweater may also be worn. Socks may be navy or white. Shoes may be dark navy or black. Gym shoes will be navy, black or white with any color trim.

UNIFORM CODE VIOLATIONS

First Violation	A written warning will be issued which must be signed by the parent.
Third Violation	Parents will be called for a change of clothing.
Third Violation	The student will be assigned detention in addition to the action outlined for a second violation.
Fourth Violation	The student will receive a three-day suspension

The principal will have the final say on the appropriateness of a student's dress.

STUDENT'S GENERAL APPEARANCE

- Clothes and shoes must be neat and in good repair (clean, with no stains, holes, or exterior patches). Patches may be applied inside the pants knees for reinforcement.
- Skirts must touch the floor when female students are kneeling. No rolling of skirts at the waist or splits will be allowed.
- Shorts must be mid thigh or longer for boys and girls, and must not be form fitting.
- No studded leather wristbands or belts may be worn.
- No short-shorts or skin tight Lycra/spandex-type clothing may be worn, unless underneath female student's jumpers or skirts.
- Belts must be fastened and pants must be up to the waist at all times. No droopy or sagging clothing will be allowed.
- Other than the CCA logo, there will be no logo worn and shown on any article of clothing.
- Hats/caps, and jackets/coats must be appropriate for existing weather conditions. These items and hoodies will not be worn in the school building or church. They must be kept on the coat racks.
- No headbands, bandannas, or do-rags are allowed.
- No jeans of any color will be allowed.
- Blouses and shirts must be tucked in at all times.
- Clothing may be sexually suggestive, and must not be tight or baggy, but fit well.
- No jewelry of any sort except a silent watch is allowed. No earrings, rings, bracelets, necklaces, or bands of any kind. Any jewelry brought or worn on school property will be confiscated until the end of the day for the first offense; the end of the week for the second offense; until the end of the semester for the third offense; and at the end of the year for the fourth offense.
- No tattoos, body drawings, decals, or paintings will be permitted.
- No sandals, combat boots, or ragged sneakers may be worn.
- No make-up, colored nail polish, or artificial nails may be worn.

UNIFORM POLICY – Reasons for Policy

CCA requires the wearing of uniforms as part of our dress code. We believe that this policy is important in achieving our goals as a Christian school, and we expect parents and students to understand, support, and comply with this policy in every way. There will be no dress down day, except for Spirit Week*.

- Uniforms can help children to perceive each other as equals. Fewer occasions for rivalry will help focus attention on learning.
- Attractive uniforms can help foster an important group consciousness important in a society emphasizing only personal individuality. Uniforms help students learn to distinguish themselves by performance, achievement, and in other important ways rather than by other reasons such as wardrobe.
- An atmosphere of solidarity and dignity is encouraged with uniforms and children can learn to appreciate the identification and privilege they represent.
- Current research reveals that schools that use uniforms have a marked improvement in grades overall.

We also believe that having just a few sets of school clothes can help parents save money on clothing over time, which can help parents be good stewards. Those who purchase uniforms spend an average of about \$100-\$200 on school clothing at the beginning of school, whereas those who did not purchase uniforms spent \$300-\$500 on school clothing.

It is recommended that parents start with at least 5 shirts, 2-3 pairs of slacks, skirts/jumpers, and a couple of sweaters.

ADMINISTRATION OF MEDICATION AT SCHOOL

Many students are able to attend school regularly only through effective use of medication in the treatment of disabilities or illnesses that will hinder the health or welfare of others. If possible, all medication should be given by the parent at home. However, if this is not possible, it will be done in school in accordance with the following the guidelines:

1. A person(s) appointed by the principal shall supervise the secure and proper storage and dispensing of medication.
2. Medications administered at school must be received in the container(s) in which they are dispensed by the prescribing physician or licensed pharmacist or in the original container if an over the counter medication.
3. Written permission must be received from the parent or guardian of the student, requesting that the school comply with the physician's order.
4. The designated individual must receive and retain a statement signed by the physician, who prescribes the medication.
5. The parent, guardian, or other person having care and charge of the student must agree to submit a revised statement signed by the physician who prescribed the medication to the designated individual if any of the information originally provided by the physician changes.
6. No employee authorized by the principal to administer a prescribed drug and who has a copy of the most recent physician's statement shall be liable in civil damages for administering or failing to administer the medication unless he/she acts in a manner that constitutes "gross negligence or wanton reckless misconduct."
7. No person employed by CCA shall be required to administer medication to a student except in accordance with the requirements established under this policy.
8. In cases where the prescribing physician and the parents permit the student to self medicate, (a) the medication is to be kept in secure storage, (b) the medication administration request form must still be completed and submitted to the school nurse, and (c) the medication is to be taken in the presence of a designated school person. Students will not be permitted to administer their own medication in the restroom, playground, hallway, or classroom.

We strongly urge parents, physicians, and dentists to schedule medications so students do not have to be administered drugs during school hours, if at all possible. If it is necessary for the student to receive medication during the school day, the administration request form must be completed, signed, and submitted before school personnel are authorized to administer the drugs. If you have any questions or concerns regarding the policy and/or procedure, please contact the principal at the school office at 513-751-1255.

PHYSICIAN INFORMATION

It is IMPERATIVE that you include a phone number of a physician or hospital/clinic

NAME _____ PHONE# _____

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

Child's Medical Statement

Child's Name:	Date of Birth:
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This is to certify that I have examined this child and found that:

1. This child has had the immunization required by section 3313.671 of the Revised Code for admission to school, or has had the immunizations required by the state department of health according to the child's age, or is to be exempted from these requirements for medical reasons. (Please note exemptions) _____

Immunizations (enter month, day, and year)					
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanous, Pertussis (DTP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Polio					
Varicella (chicken pox)					
Hepatitis A					

2. Based upon medical history and physical condition at the time of this examination, this child is in suitable condition for participation in group care.
3. List any limitations or health conditions:

Signature of examining Physician/Certified Nurse Practitioner:	Date of Examination:
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As required by Rules 5101:2-12-37 and 5101-2-13-37, the child must be examined within twelve months prior to the date of admission.

Name of Physician or Certified Nurse Practitioner	Telephone Number ()
Street Address	
City, State, Zip Code	

This is an optional form provided by JFS which may be used by child care centers and type A homes to meet the requirements of Rules 5101:2-12-37 and 5101:2-13-37
JFS 01305 (Rev.7/2003)

ADDITIONAL HEALTH INFORMATION

STUDENT NAME: _____

Allergies (food, medication, or environmental) and precautions, Reactions, and Treatment:

Medications, Food Supplements, Modified Diet Currently Being Administered:

Chronic Physical Problems:

Any Additional Health Information Critical for the School Prior to Enrollment:

FIELD TRIP PERMISSION FORM

Clifton Christian Academy
3798 Clifton Avenue
Cincinnati, Ohio 45229
513-751-1255

I hereby give permission for (student's name) _____ to participate in the field trip for Clifton Christian Academy for the 2021-2022 school year. In case of an accident involving an injury during school time, the school has my permission to have my child treated in the E.R. or at a doctor's office. I realize the teachers will supply information with regards to the various field trips throughout the year.

Does the above named student have any current medical problems? _____ YES _____ NO

Please explain:

Is he/she taking any medications? _____ YES _____ NO

Please explain:

Are there any restrictions the school should be aware of that would limit the student's participation in trip activities?

Please explain:

Please list any allergies your child may have: _____

Parent Signature _____ Date _____

Phone (Home) _____ (Cell) _____

Work or Emergency _____

INTERNET ACCESS AGREEMENT FORM

Clifton Christian Academy
3798 Clifton Avenue
Cincinnati, Ohio 45229
513-751-1255

Clifton Christian Academy (CCA) is pleased to offer students the use of the school's computer system and access to the internet, to improve learning, teaching through research, collaboration, and dissemination of successful educational practices, methods, and materials available through use of the computer. To gain access to the internet, all students must obtain permission and must sign and return this form to the school office. In addition, we are asking for permission for student photos to appear on class websites.

Persons who use CCA equipment to access the internet are expected to conform to the general policies. All users are expected to read, understand, and obey these rules. Users are expected to maintain high ethical standards. Additionally, the school's network is protected with software which restricts access to objectionable sites on the Internet and eliminates a vast amount of potential problem situations. Students are expected to abide by all the rules established for computer use.

Access to the internet will enable students to explore many avenues of information while exchanging messages with Internet users throughout the world. Even when we are vigilant in assuring school safety on the internet, families should be warned that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive. Also, while our intent is to make Internet access available to further educational goals and objectives, students may find ways to access other materials as well. We believe that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages. However, ultimately, parents and others responsible for minor students are responsible for setting and conveying the standards that their child should follow when using media and information sources.

INTERNET RULES

Students are responsible for good behavior on school computer networks just as they are in the classroom or a school hallway. Communication on the network are often public in nature. General school rules for behavior and communications apply.

The network is provided for students to conduct research and communicate with others. Access to network services is given to students who agree to act in a considerate and responsible manner. Parent permission is required. Access is a privilege – not a right! Access requires responsibility.

Individual users of the school computer network are responsible for their behavior and communications over that network. It is presumed that users will comply with school standards and will honor the agreements they have signed. A student may be subject to disciplinary action, including expulsion, for abusive use of the internet. This includes acts of communications originating in or outside of the school by computer or by mobile devices (such as cell phone, iPods, iPads, etc.) which threaten other students or school personnel, violate school rules, or disrupt the educational process promoted by the school.

Within reason, freedom of speech and access to information will be honored. During school, teachers will guide students toward appropriate materials. Outside of school, families bear the same responsibility for such guidance as they exercise with information sources such as television, telephones, movies, radio, and other potentially offensive media.

THE FOLLOWING ACTIONS ARE NOT PERMITTED:

- Sending or displaying offensive messages or pictures
- Using obscene language
- Harassing, insulting, or attacking others verbally
- Damaging computers, computer systems, or computer networks
- Violating copyright laws
- Using another's password
- Trespassing in another's folders, work, or files
- Other violations deemed unacceptable by the general standards of our school

Violations may result in a loss of access as well as other disciplinary or legal action

INTERNET GUIDELINES

In addition to the inappropriate behaviors listed above, also included are these ground rules for the use of the world-wide-web.

1. Do not give out any personal information such as your address, telephone number, parents' work address/telephone number, or the name and location of our school without permission.
2. Do not enter CHAT lines. At some sites there may be an opportunity to enter a chat line. You are not to do this.
3. At some sites there are questionnaires to fill out. You are not to do this.
4. At some sites there is advertising (to help pay for the site). There may be order forms to purchase something, etc. You are not to fill out any of these forms.
5. If you enter into an inappropriate site, obtain help from an instructor immediately to get off of it.
6. Unauthorized Costs - If a student gains access to any services via the Internet which has a cost involved or if a student incurs other types of costs, the student accessing such a service will be responsible for those costs.
7. Vandalism - Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet, or other networks that are connected to the Clifton Christian Academy Internet backbone. This includes, but it not limited to, intentionally damaging or destroying data, uploading or creating computer viruses, obtaining and/or using passwords of other users, infiltrating a computer or computer system, and/or damaging the software components of a computer system.

User Agreement and Parental Permission Form

As a student user of the Clifton Christian Academy, Cincinnati, Ohio, I understand the Internet Use Agreement. I understand that Internet Access is a privilege, which may be revoked, temporarily or permanently, at any time if I do not follow these rules. As a user of Clifton Christian Academy computer network, I hereby agree to comply with the above stated rules--communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

Student Print Name _____

Student Signature _____ Date _____

As a parent or legal guardian of the student signing above, I grant permission for my son or daughter to access networked computer services such as the Internet, Google accounts (including email). I have read and understand the Internet Use Agreement. I understand that it is impossible for Clifton Christian Academy staff to monitor or restrict access to all controversial materials. Should I later become concerned about what my child is reading or viewing on the internet, I understand that I can terminate this approval by contacting the school principal.

_____ please sign and return to the CCA school office _____

Additionally,

I/We do not want my/our child to have access to the following (please check any that apply)

Internet

Google account

Picture on website

Parent Signature _____

Date _____ Home Phone _____

I hereby certify that I have read ALL the information contained in this application, and to the best of my knowledge, the answers given are correct. I understand that it is the policy of the school that no transcripts will be issued until the school accounts with Clifton Christian Academy are paid in full. As the parent/legal guardian of the student, I agree to assume the responsibility for the payment of the school account. I have read the CCA Student Handbook and acknowledge acceptance of all the policies and regulations set forth within the CCA Handbook.

Student Name _____ Grade _____

Signature of Parent/guardian DATE _____

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

Documents Received:

Notes:

Accepted _____

Date Letter sent _____

Person accepting application:

_____ Date _____