



UNITY CHRISTIAN ACADEMY

Enrollment Application 2026 - 2027

Student / Parent Information

Student Name: _____ Date: _____
 Address: _____ Student's Cell: _____
 City: _____ State: FL Zip Code: _____ SS#: _____
 Birth Date: _____ Age: _____ Sex: _____ Race: _____

Student lives with Primary Parent Alternate Parent Both
 Primary Parent Name: _____ Cell #: _____
 Employment: _____ Work #: _____
 E-Mail: _____ Preferred Contact Method: Text E-Mail

Alt Parent Name: _____ Cell #: _____
 Employment: _____ Work #: _____
 E-Mail: _____ Preferred Contact Method: Text E-Mail

Siblings of school-age children in family that are not applying:
 Name: _____ Age: _____
 Name: _____ Age: _____

Student Academic Information

Prior School Attended: Public Private Charter Homeschool
 Do you have a scholarship? Yes No Pending

School's Name:				Last Grade Completed:	
Phone#:				Grade Applying For:	
School's Address:				Curriculum Used?	
City:		FL	Zip Code:		County:

- Has student ever been expelled, dismissed, suspended, or refused admission? No Yes
If yes, please explain: _____
- Has student ever had disciplinary problems? No Yes
If yes, please explain: _____
- Has student ever been in trouble with the law or arrested, etc.? No Yes
If yes, please explain: _____
- Has student ever used tobacco or drugs of any kind? No Yes
If yes, please explain: _____
- Has student ever failed in school? No Yes
If yes, please explain: _____
- Indicate academic level of student's previous work: Excellent Good Average Poor

Student Other Info

- As a Christian school, we are committed to Christian values and standards. Is Student attending of a church?
 Yes No If yes, what is the name of the Church? _____
- What is the Church Denomination? _____
- Has the student made the profession of faith? Yes No
- Does the student attend church service regularly? Yes No
- Part of the curriculum is Chapel participation; will the student have a problem? Yes No
If yes explain, please explain: _____



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We, who have the responsibility to "train up a child in the way he should go," recognize that the standards for this training set forth in God's word, the Holy Bible. Knowing also that this training comes both by what children hear and what they see, we agree to support, both in our intent and by personal example, the Godly principles taught at UCA.

We realize it is our responsibility as parents to train our child spirituality and see the need as a family for regular attendance at a Bible preaching church. We also pledge to avoid obvious contradictions in our home to the Biblical principles stated on in the Parent/Student Handbook.

We have made enough investigation to be satisfied with the curriculum, statement of faith, texts, equipment, methods, counseling, discipline, and motives of the school and do pledge to make UCA our glad-hearted choice of our child.

We agree with the aims and ideals of the school and if we become dissatisfied with UCA in any way we will resolve the matter with the person(s) involved, rather spreading criticism and negativism. We pledge that if, for any reason, our child does not respond favorably to the school, we will not try to change the school but will withdraw him/her quietly and without delay. We understand the school reserves the right to dismiss any student when either the parents/guardians or the student does not cooperate with the policies of the school as set forth in the Parent/Student Handbook.

The teacher and administration are hereby given full discretion of our child. We will be notified if anything as serious as suspension or expulsion seems appropriate. Behavior that requires staying after school will need transportation. Twenty-four hours' notice will be given by the school in cases where a detention has been issued.

We understand that the school has the complete responsibility for placing our child in the proper grade level and class.

We hereby give our permission for our child to go on field trips scheduled by the school. Ample notice of field trips will be provided to me.

We understand that in the event of damage to school property by our child, we will make full restitution as indicated by an assessment by the administration.

We hereby grant permission to UCA to use my photograph(s), or the photograph(s) of my child. on the school's website or in other official school printed publications with further consideration. I further acknowledge the right of UCA to edit, crop, or treat the photograph(s) at its discretion. I understand that should UCA choose to not use my photograph(s), or photograph(s) of my child, at this time, which is not waiving its right to us the photograph (s) at some time in the future. I understand that should my child's photograph(s) be used on UCA website that they will be available for download. I do hereby agree to indemnify, release and to hold UCA and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages that may arise from the dissemination of photograph(s) of my child, whether via the internet or in print, which I now have or which may arise in the future.

We understand that all students are accepted on a trial basis and by our signatures we are affirming our desire to cooperate fully with the administration of UCA

We understand that failure to cooperate with the faculty, staff, and administration or a violation of the Parent's Pledge, or the Parent/Student Handbook including disclosing inaccurate information will be grounds for dismissal, up to and including immediate dismissal of student(s).

Parent's Pledge of Acceptance and Cooperation of Policies & Procedures



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

1. Written application forms must be completed and returned to the school office along with the enrollment fee. This requirement applies to both new and re-enrolling students.
2. Open enrollment for returning students takes place in February. Open enrollment for new students begins in April.
3. Parents and applicants must be willing to be interviewed by the administrator and/or principal/supervisor. Transcripts must be provided at the time of interview. New students entering 1st grade thru 3rd grade must be tested.
4. Up-to-date student health records, which include Florida physical and immunization forms. These forms are obtained through Florida Department of Health or your family physician.
5. The Administration requires a birth certificate as evidence that the child has attained the age at which he or she should be admitted in accordance with the provision of Florida State Laws 232.02 and 232.04.
6. All new applicants are required to provide recent scores from a national achievement test to accomplish the following: a) Ensure placement in the grade for which the student is qualified b) Enable the school to maintain high standards.
7. Final decisions regarding acceptance will be determined by the school Administration.
8. All students are accepted on a nine-week trial basis.
9. All students who attend UCA must read, sign, and cooperate with the written code of conduct a school handbook.
10. We are also asked to sign the Statement of Cooperation which conveys to the school that you will cooperate with the faculty/administration in seeing that standards of spiritual and social values are upheld. We should not ask office staff or teachers to change school policies. Parents and students must agree with the Statement of Faith written in the School Handbook. Realizing that UCA is an extension of the home, we trust that placing your child here will be mutually beneficial in these areas of cooperation.

Parent's Pledge of Acceptance and Cooperation of Policies & Procedures

Primary Parent or Legal Guardian	Signature Date
Alt Parent or Legal Guardian	Signature Date



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Student Name:		Grade:	Enroll Date:
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Emergency Information

Print names in order of priority for contact in case of an emergency

Name	Relationship	Cell Phone
1.		
2.		
3.		
4.		

Doctor's Name: _____ Phone# _____

Date of Last Physical Exam: _____ Student DOB: _____

Health Insurance: _____ Policy # _____

Medicaid? Yes No Medicaid #: _____

Please check any conditions/problems that apply to your child:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma/breathing | <input type="checkbox"/> Bowel Movements | <input type="checkbox"/> Epilepsy/seizures |
| <input type="checkbox"/> DD/ADHD | <input type="checkbox"/> Cancer | <input type="checkbox"/> Headaches (severe) |
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Dental (tooth) / Braces | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Bone/joint | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Nosebleeds (frequents) | <input type="checkbox"/> Sickle cell disease | <input type="checkbox"/> Other: (explain): |

Other: _____

If your child has Asthma, has it been diagnosed by doctor? Yes No

If yes, what treatment has been prescribed? Inhaler Nebulizer Other (please list):

Please explain any circled conditions or another serious surgeries, illness or injuries:

Will any of the circled conditions or any other medical condition, may affect student's school performance, program or ability to participate in a regular physical program? If yes, please explain:

Please check any allergies and the severity of the condition that apply to your child:

- | | | | | | |
|--|-------------------------------|-------------------------------|-----------------------------------|---------------------------------|---|
| <input type="checkbox"/> Insect Stings and bites | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Life Threat (call 911) |
| <input type="checkbox"/> Food plants / other | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Life Threat (call 911) |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Life Threat (call 911) |

If any allergies please explain:

Emergency Contacts

Medical Information & Conditions

Allergies & Reactions



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Student Name:		Grade:	Enroll Date:
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Emergency Parent Consent

In case of serious accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact one of the contacts listed in the emergency contacts. In the event that contact with any of the contacts on the emergency list was unsuccessful, school personnel may make whatever arrangements are necessary to provide care and treatment for my child. When necessary, and if I or any of the contacts on the emergency list could not be reached, school personnel has my permission to request transport for my child to the nearest emergency room. Under such circumstances, school personnel have my permission to release the information on this form to emergency personnel. I the parent or guardian, will assume responsibility for payment of such services.

In case of accident or illness where, in the best judgment of school personnel, emergency treatment of my child is not needed, but where he/she is unable to remain at school, I request the school to contact me to arrange transportation for my child. If the school is unable to contact me, I understand that one of the contacts listed in the emergency list will be contacted and requested to arrange transportation/care for my child until I can be reached.

I understand and agree that certain education records of my child may be shared with health care partners as needed to provide and evaluate health services to students. I also understand and agree that my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such treatment.

I understand that it is my responsibility to notify my child's school of any changes in the information recorded on this card and to provide the school with information if there are any custody restrictions involving my child.

I certify that the information provided on this Emergency Information Card is accurate, true and correct.

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 for me or my child because of any injury to my child at school or during any school activity.

Should my child suffer an injury or illness while at school or on a school activity and the School Staff is unable to contact me immediately, the school is hereby authorized to secure such medical attention and care for my child as may be necessary.

_____	_____
Primary Parent or Legal Guardian	Signature Date
_____	_____
Alt Parent or Legal Guardian	Signature Date