



# UNITY CHRISTIAN ACADEMY

## Enrollment Application 2024 - 2025

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: \_\_\_\_\_ Do you have a scholarship?  
 Public  Private  Charter  Homeschool  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. Parent will normally be notified if anything as serious as suspension or expulsion seems appropriate. Behavior that requires staying after school will necessitate the parent providing 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 the parents.

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.

I 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).



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

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 registration 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 1<sup>st</sup> grade thru 3<sup>rd</sup> grade must be tested. There is a fee for testing.
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 in order 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.
8. All students who attend UCA must read, sign, and cooperate with the written codes of honor, conduct and dress.
9. Parents 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. Parents should not ask office staff or teachers to change school policies. Parent and students must agree with the Statement of Faith written in the Parent/Student 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.

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



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Parent Commitment Statement

We the parents of \_\_\_\_\_ recognize that we have a responsibility unto our child and the men and women they will become. We have chosen UCA to join us in the development of our child and understand that we must cooperate with the school in order to achieve our ultimate goal. We realize that it is our responsibility to guide our children spirituality. In doing so, we pledge to avoid any contradictions to the Biblical principles taught at UCA.

We are in accordance with the school's choice of curriculum and the methods they use in teaching, discipline, and counseling. We agree with UCA rules and disciplinary consequences as stated in the Parent/Student Handbook.

We agree to maintain open communication with our child's teacher and the administration. If for any reason our child is not responding to the school and its rules, we agree that we will not try to change the policies of the school, but rather withdraw our child in a timely manner and be responsible for the fees set forth by the school pertaining to the withdrawal.

We accept the disciplinary procedures stated in the school's Parent/Student Handbook and give UCA full discretion when it comes to the discipline of our child. We understand that if our child has done something to merit a suspension or expulsion, we will be notified immediately by a member of the administration. If for any reason, our child must serve detention, we will be notified twenty-four hours in advance to make the necessary arrangements to pick up your child after school hours. We also understand and agree that it is our responsibility to pay for our child's after school hours detention.

We realize that we will be responsible for any damages our child does to school property and will make full restitution to such.

We understand that UCA reserves the right to deny admittance to our child. We are also aware that UCA has the right to place our child in the grade level they feel is the most appropriate as evidence by class performance and other assessment tools.

We will fully cooperate with UCA and the members of its staff. If a teacher needs to speak with us, we will make every effort to be there. We also make ourselves responsible for attending all Report Card meetings to ensure we are working as a team with our child's teacher in providing the best education possible.

_____	_____
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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<b>Student Name:</b>		<b>Grade:</b>	<b>Enroll Date:</b>
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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