

About Our Ministry

UBICA is a self paced Christian school that utilizes Accelerated Christian Education. We Try our best to provide a fun, safe, and creative learning environment for students grades K-12. Here are just some of the things we offer at UBICA.

•A school App that will help you stay connected and informed

•Field Trips every month for grades K-5 and every other month for 6-12

•A traveling athletic program for grades 5-12

•Dual Enrollment for High Schoolers

•Music and Band for grades 2-12

•Middle/High School Electives: Agriculture, Art, Music, Band, Creative Writing, Journalism, Yearbook, French, Spanish, P.E., Weight Lifting, etc...

Realizing that everyone lives on a budget we have no registration fees and provide all your child's school supplies. That's right NO SUPPLY LIST!

For more information please feel free to call.

386-947-7428











U B I C





560 Flomich Street Holly Hill, Florida 32117

T 386-947-7428 E <u>PastorJosh@ubicacademy.com</u>

Activity, Event, or Field Trip Consent, Release and Waiver

STUDENT'S NAME: ______ Date of Birth: ______

My child named above has been given the opportunity to participate in school field trips, activities, or events and outside play on a weekly basis. In consideration of my child being permitted to participate I, as parent or guardian, expressly

1. I give my express permission for my child to participate fully in UBIC Academy's field trips, activities, or events. I assume all risks of participation in said activities at school, including any matters associated with any specific medical needs or conditions of my child**.

**NOTE: Special medical needs or conditions of my child include

(I have made appropriate arrangements regarding such medical needs or conditions.)

2. I authorize any supervisor, coach, administrator, or other person accompanying my child and associated with such activity or event, to obtain, at my expense, any necessary emergency medical services which may be required, as determined in such person's best judgment, at any time during said activity, or event; and

3. I release and hold harmless UBIC Church and UBIC Academy, and every individual officer, employee, trustee, agent or volunteer, and representative of UBIC, against any and all claims, actions, demands, liabilities and damages with respect to any injury to any person, including my child, regardless of severity, and/or loss of or damage to property of any type relating to or arising out of any activities or occurrences immediately prior to, during and immediately subsequent to said activity or event.

4. I understand that my child may participate in such activity or event described above only if and to the extent that my child abides by all rules, safety requirements and conditions set by those supervising the activity or event; and

5. I authorize and give my full consent to UBIC Academy to copyright and use any and all photographs, videotapes, and films in which my child or I may appear during participation in this activity or event. I also give my permission to use my child's name and my name in connection with these images. Uses may include UBIC Academy's website, educational and promotional materials and displays, conference presentations, newspaper and magazine articles and more. I impose no limitation on the use of the names and images and understand that circulation of the material may be worldwide and that neither my child nor I will receive any compensation for such uses.

My phone number during school hours is _

I have read and agree with the terms of this STUDENT FIELD TRIP, ACTIVITY, OR EVENT AGREEMENT, CONSENT, RELEASE AND WAIVER. This Agreement, Consent, Release and Waiver shall cover all school activities for the entire school year represented by the date below.

Parent or Legal Guardian Signature

Today's date:





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STUDENT INFORMATION

Name					
(Last)	(First)	(Middle)			
Address					
City/State					
Telephone					
Age Sex Birth Date_		ce			
Last School Attended					
Address					
Current Grade Level	Today's Date/	_/			

FAMILY INFORMATION

Father's Name					
Employment					
Position) -			
Mother's Name					
Employment					
Position) -			
Emergency Telephone Number,					
other than those listed					
Marital Status: Married	Widow				
Divorced	Separated				
Children in family of school age if not applying:					
Name		Age			
Name		Age			
Name		Age			
Reason they are not applying					



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RELIGIOUS INFORMATION

Church a	ttending					
Address						
)	-
Father:	Christian?	Yes	No_			
Mother:	Christian?	Yes	No			
Has appli	icant ever ma	ade a profe	ssion o	f faith in Ch	rist?	
Yes	6					No
				FORMAT		
	30	HULASI				
Has your	student ever	[,] been expe	elled, di	smissed, su	uspend	ded, or
refused a	dmission to a	another scł	nool?	Yes	No	
	plain					
-	student ever				chool	 2
-		•	-	-		
	No If ye					
-	ir student hav	-				
Yes	No If	yes, expla	in			
-	student ever		-			-
Yes	No If	yes explai	n			
Please in	dicate acade	mic level c	of studer	nt's previou	s work	
Excellent	Goo	d A	verage_	Poo	or	_
Has your	student ever	[.] failed an a	academ	ic subject?		
Yes	No If	yes explai	n			
				ORMATI		

How did you hear about this school?_____

Reason for selecting this school:





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Honor Code

"I have read the Student Handbook and agree and understand the terms stated on this Application and agree thereto."

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

"I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to God and the Word of God, or disrespect to the personnel of the school.

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

Parent/Legal Guardian

Signature

Print

1. I will strive to discover my God-given talents, to develop those abilities fully, and to devote those talents to a lifetime of learning, serving, and honoring God.

2. I will not use or be associated with the use of tobacco, drugs, or alcohol and I will honor God by maintaining a lifestyle of sexual purity.

3. I will refrain from the use of profanity, vulgarity, or any other type of writing, print material, innuendo, or conversation which is inappropriate for a Christian.

4. I will not lie, cheat, or steal, nor will I tolerate such activity.

5. I will show respect for authority and submit myself to the teachers and administration of UBIC Academy, realizing that attendance at UBICA is a privilege, not a right.

Student Signature

Date

Parent Signature

Date





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Student Record Release

To Releasing S	Date	
School Name		
Address		
City	State	ZIP/Postal Code
N	Dear School Counselor: Ay child(rgn) has (have) been withdrawn from your school. Please release their ecords to the following school. Thank you.	academic and health
	Accepting School <u>UBIC Academy</u> School Name <u>560 Flomich St.</u> Address <u>Holly Hill Fl 32117</u> City State Zip/Postal Code	
Students' Name(s) (Last name first)	Age	Grade level at time of withdrawal





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Student Pick Up & Drop Off

GUIDELINES FOR DROPPING OFF OR PICKING UP STUDENTS

With the safety of each student as our priority it is the policy of UBIC Academy that students use the School entrance only (WEST side of campus off Center St.). Students may be dropped off no earlier than 7:30 at which time the doors will open. During school hours, the doors will remain locked. If your student arrives late, please bring them in to the school office and sign them in and receive their late slip which they will then take to their teacher. Students are to be picked up no later than 3:10 pm. Each parent or guardian is asked to provide a list (below) of those who are allowed to pick up students from school.

Name			Р	hone Number

Your emergency contact phone:

Thank you for helping us provide the best possible services for our students.







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Parent/Legal Guardian

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	Signature	Print	
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