



# UBICA RAMS

RESPECTFUL ATTITUDE, MEEK SPIRIT



## 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
- A web based school management system that updates grades in real time.
- A text messaging platform that gives you the ability to easily communicate with all of your child's teachers.
- Field Trips every month for grades K-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: Art, Music, Band, Creative Writing, VR, Game Plan, C.A.L. French, Spanish, P.E., Bells, 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.



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## UBIC Academy



560 Flomich Street  
Holly Hill, Florida 32117

T 386-947-7428  
E [PastorJosh@ubicacademy.com](mailto:PastorJosh@ubicacademy.com)

### 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 Application

## STUDENT INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City/State \_\_\_\_\_

Telephone \_\_\_\_\_

Age \_\_\_\_ Sex \_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place \_\_\_\_\_

Last School Attended \_\_\_\_\_

Address \_\_\_\_\_

Grade Level Entering Upon Enrollment \_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## FAMILY INFORMATION

Father's Name \_\_\_\_\_

Employment \_\_\_\_\_

Position \_\_\_\_\_ Business Phone ( ) -

Mother's Name \_\_\_\_\_

Employment \_\_\_\_\_

Position \_\_\_\_\_ Business Phone ( ) -

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 attending \_\_\_\_\_

Address \_\_\_\_\_

Pastor \_\_\_\_\_ Phone (    )    -

Father: Christian? Yes \_\_\_\_\_ No \_\_\_\_\_

Mother: Christian? Yes \_\_\_\_\_ No \_\_\_\_\_

Has applicant ever made a profession of faith in Christ?

Yes \_\_\_\_\_

No \_\_\_\_\_

## SCHOLASTIC INFORMATION

Has your student ever been expelled, dismissed, suspended, or refused admission to another school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Has your student ever had disciplinary difficulty at school?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, detail \_\_\_\_\_

Does your student have a juvenile or arrest record?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Has your student ever abused nonprescription drugs of any kind?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes explain \_\_\_\_\_

Please indicate academic level of student's previous work:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Has your student ever failed an academic subject?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes explain \_\_\_\_\_

## GENERAL INFORMATION

How did you hear about this school? \_\_\_\_\_

Reason for selecting this school: \_\_\_\_\_

\_\_\_\_\_



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# *Honor Code*

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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.
6. My dress and my appearance will not only comply with the dress code of UBICA, but it will also reflect Christian modesty and values.
7. My relationship with other students will be based on the principles of Christ's love. I will show care and concern for others in my speech and my actions.
8. I will uphold this Honor Code for the full twelve months of the year, at school, at school activities, and outside of school.

**I, therefore, affirm my personal and covenantal commitment to uphold these Christian responsibilities realizing that I will be able to enjoy the privilege of attending UBICA only so long as I fully maintain this commitment.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



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# Student Record Release

To Releasing School Counselor:

\_\_\_\_\_ Date

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP / Postal Code

Dear School Counselor:  
My child(ren) has (have) been withdrawn from your school. Please release their academic and health records to the following school. Thank you.

**Accepting School**

**UBIC Academy**

School Name

**560 Flomich St.**

Address

**Holly Hill**

City

**Fl**

State

**32117**

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**

**Phone Number**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Your emergency contact phone: \_\_\_\_\_.

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

**UBICA RAMS**



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"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

