

THE CHRISTIAN ACADEMY OF WINTER HAVEN, INC.

"We walk by faith, not by sight."

School of Principle, Morals & Dignity

Student Application

School Term 20_____



SOARING EAGLES

"...And so we soar high."

P.O. Box 3515 Winter Haven, FL 33885

STUDENT INFORMATION

Name _____
Last First Middle

Residential Address _____

City _____ Zip _____

Mailing Address (if different from above) _____

City _____ Zip _____

Phone (_____) _____ Cell (_____) _____

Age _____ Sex _____ Birth date _____

Ethnicity: Are you Hispanic/Latino? Yes/No Primary Language: _____

Race:

___White ___African American/Black ___American Indian/Native Alaskan ___Asian
___Native Hawaiian or Pacific Islander

School last attended _____

Address _____

City/State _____ Student's grade to enter _____

How will the child get home? ___Walk ___Car ___Other

For Elementary (K-5) Students Only

Did the student complete kindergarten? Yes/No _____ Years in school, including kindergarten prior to current year. _____

Did the child complete a VPK Program? Yes/No _____ Where: _____ Name: _____

Enrolling Parent/Guardian (Print Name) Enrolling Parent/Guardian (Signature) Date

Enrolling Parent/Guardian (Print Name) Enrolling Parent/Guardian (Signature) Date

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

Grade Teacher Student ID Entry Date

___ Birth Certificate ___ Physical ___ Immunizations ___ Lunch Form ___ SS# ___ E.S.E Release ___ School Records

Admitting Personnel Date Records Request Date

FAMILY INFORMATION

Father's Name _____

Employer _____ Position _____

Business Phone _____

Mother's Name _____

Employer _____ Position _____

Business Phone _____

Marital Status: ___Married ___Divorced ___Separated ___Widowed ___Single

Student lives with : ___Both parents ___Parent & Step Parent ___Mother Only

___Father Only ___In Foster Care ___Other

MEDICAL INFORMATION

Family Physician _____

Address _____ Phone _____

Does the child have any physical limitations or disabilities? _____

Does the child have any known allergies? _____

Has child received immunizations:

Diphtheria _____ Smallpox _____ Polio _____

Does the child take any medication? Yes/No Name: _____

Please list any medical condition _____

EMERGENCY CONTACT INFORMATION

In case of an emergency notify: _____

Phone (_____) _____ Cell (_____) _____

Please list any emergency information you feel is pertinent, that would aid staff in the event of an emergency _____

NONDISCRIMINATORY POLICY

We, The Christian Academy of Winter Haven, Inc., admit students of any race, creed, color, national or ethnic origin, age, or disability to all rights, privileges, programs, and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, creed, color, national or ethnic origin, age, or disability in the administration of our educational policies, admission policies, scholarship and loan programs and athletic and other school administered programs.

SCHOLASTIC INFORMATION

Has the student been in an exceptional student education (ESE) or any other special education program? Yes/No

Has the student been determined eligible under Section 504 and/or has a Section 504 plan? Yes/No

Has the student been in any ESOL or ELL program or class? Yes/No

Has the student ever attended a Florida/Polk County school (PreK-12)? Yes/No

If yes, give the following information:

County	School Name	Address	Year Attended
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Has the child ever been expelled, dismissed, suspended or denied admission to another school? _____

Has the child ever failed in school or been held back? Yes/No Which grade? _____

“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 to me or my child because of any school activity. I also give permission for my child’s work and picture to be published.”

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

“I appreciate the standards of the school and do not tolerate profanity, the use of drugs or alcohol, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school on the applicant’s behalf and authorize this school to employ discipline as it deems wise and expedient for the training of my child.”

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

“I have read the Student Handbook, agreed to attend the Parent-Teacher Meetings, Conferences and sign the Corporal Correction Notification, and understand the terms stated on this application and agree thereto.”

Signature of Father/ Legal Guardian

Signature of Mother / Legal Guardian

Date

Date