

# **Jacksonville Christian Academy**

Middle/High School  
Enrollment Application  
Revised: 3/30/2015



## **Jacksonville Christian Academy**

Home of the Conquerors  
919 Gum Branch Road  
Jacksonville, North Carolina 28540

phone: 910-347-2358 • fax: 910-347-3138  
website: <http://www.jacksonvillechristianacademy.com>  
email: [jcaoffice@ec.rr.com](mailto:jcaoffice@ec.rr.com)

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## MS & HS Registration Procedures

### Instructions for Parents:

In order to register your child for admittance to Jacksonville Christian Academy the following document and money must be provided at registration.

- ☐ Complete and sign THIS application for enrollment in its entirety
- ☐ Non-refundable registration fee
  - Returning Student Early Registration paid by February 28<sup>th</sup> \$80.00
  - Students Registering after February 28<sup>th</sup> \$100.00

In order for your child to attend school, the following documents must be provided on or before the first day of school.

- ☐ Copy of Current Immunization Record
- ☐ Physical Examination - completed by a doctor, less than 1 year old
- ☐ Copy of Birth Certificate
- ☐ Completed and signed transcript/records request *where applicable*
- ☐ **TESTPOINT:** Fee \$35.00 (if applicable/required)

**Return ALL forms, documents, and registration fee to:** *(Fill out this fillable PDF form, print it, sign it and attach it to other required documents/certificates and send it with your registration fee to the address below. You can also drop them off at the front office).*

**Jacksonville Christian Academy**  
**919 Gum Branch Road**  
**Jacksonville, NC 28540**

### For Office Use Only:

Testpoint Administered and Paid Date  ____/____/____	Check or Debit Payment Type Check#: _____ Debit Card: _____ (4.50 Transaction Fee)	Cash Payment Type Cash \$ _____ Initials: _____
Date of Application: ____/____/____	Date of Interview: ____/____/____	Date of Approval: ____/____/____
Registration Paid Date  ____/____/____	Check or Debit Payment Type Check#: _____ Debit Card: _____ (4.50 Transaction Fee)	Cash Payment Type Cash \$ _____ Initials: _____

### Administrative Notes:


# Application for Admission

Applicant's First Name:	Applicant's Middle Name:	Applicant's Last Name:	Applicant's Preferred Name:
Grade Applying For: <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th			
Applicant's DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic Origin:	
Applicant's Email Address:			
Applicant's Physical Street Address:			
City:		State:	Zip Code:
Home Phone:	Cell Phone:	Fax:	
Country of Birth:		Citizenship:	
School Last Attended or Presently Attending:			
Address of Last School Attended (Street, City, State, Zip):			
Phone of Last School Attended:		Fax of Last School Attended:	

Student's Grades Have Been: ☐ Superior ☐ Above Average ☐ Average ☐ Below Average

Has applicant ever repeated a grade? ☐ No ☐ Yes If yes, what grade?

Has applicant ever been expelled, suspended, or asked to withdraw from school? ☐ No ☐ Yes

If yes, please explain:

Are there any special factors, conditions, or learning differences, affecting your child about which the school needs to be informed? ☐ No ☐ Yes

If yes, please explain:

Has your child ever been tested academically, behaviorally, and/or psychologically? ☐ No ☐ Yes

If yes, please explain:

Father/Guardian	Mother/Guardian
Name:	Name:
Email Address:	Email Address:
Home/Cell Phone:	Home/Cell Phone:
Employer:	Employer:
Position/Rank:	Position/Rank:

## Application for Admission (continued ...)

Father/Guardian	Mother/Guardian
Work Phone:	Work Phone:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried

**‘Check – X’ all that apply:**

Student Lives With?	<input type="checkbox"/> Father Deceased <input type="checkbox"/> Father & Mother <input type="checkbox"/> Guardian	<input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father <input type="checkbox"/> Step Father	<input type="checkbox"/> Mother <input type="checkbox"/> Step Mother
Receive Mail?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian
Legal Custody?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other
Financial Responsibility?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other

### Emergency Contact Information:

First Emergency Contact:		Relationship:	
Home Phone:	Work Phone:	Cell Phone:	
Second Emergency Contact:		Relationship:	
Home Phone:	Work Phone:	Cell Phone:	
Applicant's Doctor:			
Doctor's Phone Number:	Doctor's Physical Address:		

Are there any **medical/physical conditions** or other reasons that would hinder the applicant from being able to participate fully in the classroom, at lunch, PE or other normal school activities, including athletics or extracurricular? ☐ No ☐ Yes

If yes, please explain:


Are there any **special medications for sickness or allergies**, affecting your child of which the school needs to be informed of? ☐ No ☐ Yes

If yes, please explain:


Is your child currently taking **prescribed medication** related to physical, behavioral, or psychological problems? ☐ No ☐ Yes

If yes, please list the medication and what it is specifically for:


## Application for Admission (continued ...)

**Although the school is not responsible for distributing medication, if a parent cannot be reached, the child may receive the following medicine or first aid treatment, should the need arise:**

Neosporin/First Aid Spray	<input type="checkbox"/> No <input type="checkbox"/> Yes	Benadryl/Caladryl/Allergy Cream	<input type="checkbox"/> No <input type="checkbox"/> Yes
Tylenol/Tylenol Jr.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Cough Drops/Cough Syrup	<input type="checkbox"/> No <input type="checkbox"/> Yes
Ibuprofen	<input type="checkbox"/> No <input type="checkbox"/> Yes	Anti-Acid/Pepto-Bismol	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Religious Information:**

Church Attendance	<input type="checkbox"/> Regular	<input type="checkbox"/> Occasional	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never
If not regular attendance, why not?				
Would you like more information about our church and its children's ministries? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Your Church's Name:				
Your Pastor's Name:			Phone Number:	

### Miscellaneous Information:

How did you hear about Jacksonville Christian Academy?

☐ Building Name ☐ Internet ☐ Advertisement ☐ Referred by whom:

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Does the applicant have any siblings or relatives that previously or currently attend JCA?    ☐No    ☐Yes

If yes, please list names:
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Please explain why you want your child to attend Jacksonville Christian Academy.

[illegible]

# Parental Questionnaire

Does the applicant have access to the internet at home?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is access to the internet supervised by adult? Is there an internet filter?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
Has the applicant ever been involved in alcohol, smoking, or using narcotic? If yes, please explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has the applicant been exposed to, or allowed to view pornographic material? If yes, please explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the applicant respect authority figures? If No, please explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has the 'JCA Student Handbook' been read or explained to the applicant and is he/she willing to accept the rules and regulations? If No, please explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you, the parent(s) read the Handbook in its entirety?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have any questions regarding our Spiritual Philosophy and Statement of Faith?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you understand that the Bible will be presented as the accurate Word of God and is our standard for living?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you understand that your child will be taught Creation?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you understand that your child will be taught from the Bible the birth, life, death, and resurrection of Jesus Christ?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you understand that your child will be taught that God's forgiveness of sin (Salvation through Christ) is the only way to heaven?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you understand that your child will be taught that there is a literal heaven and hell?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you understand that your child will be exposed to conservative thinking (when appropriate) i.e. no to illegal drugs, smoking, drinking, abortion, & homosexuality and yes to marriage between one man and one woman?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you understand that the ABEKA curriculum is for the average to above average child?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you agree that the student is responsible for his/her work?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you agree that the student should be able to complete his/her assignments on time and to the best of his/her ability?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you agree to let the student "take the heat" for his/her uncompleted work?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you agree to evaluate your child's progress by going over work sent home?	<input type="checkbox"/> No <input type="checkbox"/> Yes

## Parental Questionnaire (continued ...)

Do you agree to let the teacher/administration know of any learning problems or difficulties that may impede regular learning?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you agree that should a teacher <i>suspect a learning problem and make recommendations</i> , a parent should be approachable and understand that the teacher is looking out for the best interest of the student?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you agree to let the teacher/administration know about problems <i>at home</i> if deemed necessary?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you agree that the student should absolutely obey all school/classroom rules even though at times the purpose may not be understood, including saying the pledges to the Bible, the Christian flag and the U.S. flag, except for the fact that those in authority established them?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you agree to help us "help you" in the rearing of your child by reinforcing good citizenship at home by discouraging lying, cheating, laziness, bullying, using indecent language, disrespectfulness, and willful defiance?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you agree to help us "help you" in the rearing of your child by encouraging honesty, responsibility, obedience, kindness, and doing the best one is capable of?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Will you take action when problems arise regarding your child?	<input type="checkbox"/> No <input type="checkbox"/> Yes
After hearing your child's side of a questionable matter, do you agree to get the teacher's side before passing judgment?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you understand that if corporal punishment is deemed necessary, it is the desire of the administration that you personally administer the punishment ASAP and that the student may not return to the classroom until punishment has been administered?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you, the parent(s), support Biblical correction (spanking)? If no, please explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you agree to be supportive of and involved in JCA to the best of your ability?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you understand the importance of not complaining about JCA <b>in front of your child</b> ?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you understand that gossiping to or about another parent, student, or faculty member may result in the dismissal of your child?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you agree that there may be a time when you and the teacher/administration may have to "agree to disagree"?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you agree to remove your student from JCA if you cannot fully support its philosophy, policies, rules, faculty, and administration (this is not "agreeing to disagree")?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Will you enforce JCA's <b>student</b> dress code at all school functions (this includes length, fit, shoes, and hair)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Will you personally adhere to our "modesty code" to the best of your ability at all school functions (entering the school building, games and auditorium functions)?	<input type="checkbox"/> No <input type="checkbox"/> Yes

## Parental Questionnaire (continued ...)

Does the applicant have a record of tardiness or absenteeism? If yes, please explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Will you do your best not to accrue excessive tardiness and absences?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the applicant relate well with other children? If no, please explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you agree to help your child develop healthy relationships with others, i.e. kindness, sharing, and respect?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you agree that children can succeed better if both parents are <i>respectful</i> to each other?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you understand the importance of helping your child with separation anxiety by helping him/her find the classroom together, allowing them to enter unaccompanied, and walking away being confident and comfortable yourself of where you are leaving them?	<input type="checkbox"/> No <input type="checkbox"/> Yes



## Student Questionnaire

Do you want to attend Jacksonville Christian Academy? If no, please explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you attend church on a regular basis? If you do, where? If no, please explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you attend Sunday School? Do you attend Church Youth Group?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you sincerely committed your life in salvation to Jesus Christ? If yes, when did you receive Christ as your Savior?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please write why you want to attend Jacksonville Christian Academy:	
Have you read the JCA Student Handbook or has it been explained in its entirety?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you willing to comply with the rules and regulations of the school? If no, please explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you get along well with other?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have problems respecting authority figures? If no, please explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have a record of tardiness or absenteeism?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever been expelled, suspended, or asked to withdrawal from a school? If yes, please explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever been involved in alcohol, smoking, or using narcotics? If yes, please explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you have ever been exposed to pornographic material? If yes, please explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes

# Jacksonville Christian Academy

## Discipline and Conduct Policy

### Disciplinary Procedures

Jacksonville Christian Academy incorporates a wide variety of disciplinary procedures. These may include verbal reprimands, withholding of special privileges, detentions, corporal discipline (paddling), suspension, or expulsion. If, after exhausting all procedures, the student continues to misbehave, he/she may have to withdraw from school. Expulsion is always the last resort.

There are two types of suspensions:

1. On Campus Suspension-The student is required to do special assignments at school.
2. Off Campus Suspension-The student must be kept at home under the parent's responsibility. A maximum of **three points** will be deducted from the nine weeks grade of each subject for each day of the suspension.

If corporal discipline is deemed necessary (see Elementary *Discipline* section in student Handbook), it is the desire of the administration of JCA that a parent come to the school and administer the necessary discipline. If a parent cannot come to the school, the administration may be given permission to discipline. Parents who enroll their children at JCA must sign a Statement of Cooperation and Support that gives permission for corporal discipline if necessary.

### Serious Offenses

The following is not intended to be exhaustive, but simply a guide to understand some of the offenses that could cause *dismissal*.

1. Maliciously destroying school property. Students will be held liable for damage.
2. A rebellious spirit that is unchanged after much effort put forth by the teacher, principal, and parents.
3. A serious breach of conduct inside or outside the school that has an adverse effect upon the testimony of the school, its administration, or faculty.
4. Conduct or attitude that reveals the student to be in open opposition to the basic principles or purposes of the school.
5. Failure of the parents to comply with the disciplinary procedures of the school.
6. Insufficient academic progress resulting from a refusal to apply oneself.
7. Involvement in drugs or use of alcohol whether it be on the school grounds or off, during school or after. Withholding knowledge of their use or sanction of their use will also be considered a serious offense.
8. Smoking and/or possession of tobacco.
9. Immorality or inappropriate behavior with the opposite sex.
10. Possession of firecrackers or other explosive devices of any kind on school property.
11. Improper speech, i.e. vulgarity, profanity, excessive lying.
12. Obscene gestures or possession of pornographic material.
13. Continued hair or dress code violations.
14. Cheating on any school assignment or school work including tests and quizzes.
15. Involvement in ungodly music or any other such activities unbecoming to the Christian.

I understand fully the Discipline and Conduct Policy of Jacksonville Christian Academy as previously stated and fully pledge to support the teachers and administration of Jacksonville Christian Academy regarding the discipline of my child/ren as long as my child/ren shall attend Jacksonville Christian Academy.

X

\_\_\_\_\_  
Your Signature  
Parent/Guardian

Date: \_\_\_\_\_

X

\_\_\_\_\_  
Your Signature  
Parent/Guardian

Date: \_\_\_\_\_

# Jacksonville Christian Academy

## Corporal Correction Release

Jacksonville Christian Academy is honored that you have asked our staff to assist you in the training of your child for Christian leadership. Our program's total design is to help develop the spiritual and academic qualities that we feel should characterize your child. We appreciate your confidence in our program. To carry out your wishes for total character development, we believe it is necessary to follow Scriptural admonition to correct a child when his/her behavior is in violation of proper or reasonable rules and procedures (Proverbs 20:30; 29:15). When warranted, corporal correction will be exercised under the following guidelines:

1. The offense will be clearly discussed with your child.
2. A staff member will discuss Spiritual applications and will pray with your child.
3. The father/and or mother will be called to come and administer necessary punishment at the school.  
*The child will not be allowed to return to class until the situation has been resolved.*
4. A reasonable number of firm strokes, not to exceed 5, will be administered using a simple, flat paddle.
5. A staff witness (usually the teacher of the child or a principal) will be present.
6. If the child refuses to submit to the corporal correction, or the parents refuse to administer the corporal correction, the matter will be discussed further. If it is believed to be in the best interest of JCA, the child will be withdrawn from the school.
7. After administering the corporal correction, the staff member will pray with the child, assuring him/her of his love.
8. A written report will be sent home/given to the parent to sign. It will be placed in the student's file.
9. In such cases, as better suits the parent/guardian, the corporal correction may be administered by the principal or chosen staff member, provided permission is properly granted by the parent/guardian.

I,  and   
Father /Guardian Mother/Guardian

have read the Corporal Correction Release and agree to support without reservation Jacksonville Christian Academy in its policy of corporal correction and personally pledge my/our support of the Scriptural approach to discipline (Proverbs 22:15).

X

\_\_\_\_\_  
Your Signature  
Parent/Guardian

Date: \_\_\_\_\_

X

\_\_\_\_\_  
Your Signature  
Parent/Guardian

Date: \_\_\_\_\_

# Jacksonville Christian Academy

## Parent's Statement of Cooperation and Support

I pledge my full support and loyalty to the aims and ideals of this church school. In a day and age when many parents are abdicating their responsibilities regarding the rearing of their children, I am signing this form in an honest effort to reassure the administration of my full support.

### "I Agree"

1. I have read the JCA Student Handbook and will fully support JCA's policies as stated in the handbook.
2. Because of limited enrollment and a very stringent economy, I agree that I will pay the school bill on time. Tuition is due on the first day of each month, and **must be paid within 15 days** after this date. A **late payment fee of \$30.00** will be charged to my account if payment is not made by the 15<sup>th</sup> of each month. If my account becomes delinquent and is *not paid within 30 days*, my child will be **suspended** from school until proper payment has been made. I realize that I must pay for the entire month if my child attends any part of that month.
3. I understand that there will be a **\$20.00 service charge** on all returned checks. If a check is returned, all future payments must be made with a money order, certified check, or cash.
4. I will be loyal to JCA by not discussing problems or grievances with other parents. I agree **not** to make detrimental or negative remarks about Jacksonville Christian Academy or First Free Will Baptist Church. I agree to bring any serious questions and criticisms directly to the administration so that those in authority may properly consider them.
5. The teacher and the administration are hereby given full discretion in the discipline of my child/children. This includes a wide variety of discipline measures including corporal punishment, suspension and expulsion from school, if necessary. I agree not to be defensive should I be called for a discipline infraction.
6. I understand that the school policy states that the registration fee is non-refundable.
7. I give permission for my child/children to participate in all school activities, including field trips, sports activities, and school sponsored trips away from the school premises and absolve the school from liability to me or my child/children.
8. In the event of an emergency, I give JCA permission to take such reasonable measures as are, in my judgment, necessary to the welfare and safety of my child/children.
9. In the event that a JCA photographer or videographer takes a picture with my child in it, either individually or in a group, I give permission for my child's picture to be used in future brochures, videotapes, websites or other publications for First Free Will Baptist Church or Jacksonville Christian Academy.
10. I further pledge not to neglect my responsibility regarding the education of my child. I will see that my student studies, completes assignments on time, and prepares adequately for tests and quizzes. Being a cooperating partner with JCA in the education of my child, I will take appropriate measures to see that my child progresses adequately in the learning process. This may include: after school tutoring, spending extra time with my child and adequately monitoring my child's progress. I am committed to my student's doing his best and being actively involved in his *character* education.

X

\_\_\_\_\_  
Your Signature  
Parent/Guardian

Date: \_\_\_\_\_

X

\_\_\_\_\_  
Your Signature  
Parent/Guardian

Date: \_\_\_\_\_

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Jacksonville, NC 28540

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email: [jcaoffice@ec.rr.com](mailto:jcaoffice@ec.rr.com)



## Student Transcript/Record Transfer Request

### To Parent:

Please provide ALL former school information requested below.

School Name:		
School Address:		
City:	State:	Zip Code:
School Phone:	School Fax:	

### To Releasing School Counselor or Administrator:

Dear Counselor/Principal:

My child is an applicant for admission to Jacksonville Christian Academy 'JCA', Jacksonville, North Carolina 28540. I hereby authorize you to release to 'JCA' the following records of the student/applicant listed below:

1. A certified copy of the student's complete transcript (including grades/credits earned)
2. All standardized test results
3. Attendance records
4. Educational assessments
5. Psychological assessments and/or any other assessments/evaluations
6. Immunizations
7. Disciplinary records

Name of Applicant (First):	(Middle):	(Last):
Date of Birth:	Current Grade:	
Please fax/send all records to:  <b>Jacksonville Christian Academy</b> <b>919 Gum Branch Road</b> <b>Jacksonville, NC 28540</b> <b>phone: 910-347-2358</b> <b>fax: 910-347-3138</b>		

X

\_\_\_\_\_  
Your Signature  
Parent/Guardian

X

\_\_\_\_\_  
Your Signature  
Parent/Guardian

Faxed On:	Faxed By:
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## Reference Form

### This portion is to be completed by the parents:

Students Name:
Parents Name:
Address, City, State, Zip Code:
Phone:

### To be filled out by the applicant's Pastor, Youth Worker, or Adult of the Church:

Pastor, Youth Worker, or Adult of the Church Name:		
Church Name:	Church Phone:	How Long Have You Known Student?
Please list the strengths of the child:		
Please list any weaknesses of the child the school should be made aware of:		
Would you recommend this child to Jacksonville Christian Academy? <input type="checkbox"/> No <input type="checkbox"/> Yes		

**Thank you for taking the time to fill out this Reference Form. ☺**

**PLEASE FAX OR MAIL THIS FORM TO:**

**Jacksonville Christian Academy**  
email: [jcaoffice@ec.rr.com](mailto:jcaoffice@ec.rr.com) • fax: 910-347-3138

**X**

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Pastor, Youth Worker or Adult of the Church