

Jacksonville Christian Academy

1st – 5th Elementary
Enrollment Application
Revised: 1/31/2022



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: jcaconquerorsoffice@gmail.com

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 Jacksonville, NC 28540



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Elementary School Registration Procedures

Instructions for Parents: use blue/black ink only to fill out application

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
 - Early Bird Registration for current student siblings paid by February 28th \$75.00
 - Students Registering after February 28th \$125.00

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

- 3rd, 4th, and 5th Grade only – **TESTPOINT:** Fee \$35.00
- Copy of **Up to Date** Immunization Record (see Immunization Chart)
- Physical Examination - completed by a doctor, less than 1 year old
- Copy of Birth Certificate
- Completed and signed transcript/records request *where applicable*
- If applicable, current sole, primary, joint etc. custody documentation
- NCOS acceptance, certified, or approved notice

Return ALL forms, documents, and registration fee to: *(Fill out this form, 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 on: _____ / _____ / _____ | 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/Credit Card _____ (1.99% Transaction Fee) | Cash Payment Type Cash \$ _____ Initials: _____ |

Administrative Notes:

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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"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th | | | |
| 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"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Remarried | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Remarried |

‘Check – X’ all that apply:

| | | | |
|---------------------------|---|--|--|
| Student Lives With? | <input type="checkbox"/> Father & Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father Deceased | <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Mother Deceased | <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother |
| 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 Other Than Parent/Guardian:

| | | | |
|---------------------------|----------------------------|---------------|--|
| 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/behavioral/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: |
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| |

Are there any **special medications for sickness or allergies** or is your child currently taking **prescribed medication** related to physical, behavioral, or psychological problems affecting your child of which the school needs to be informed of? No Yes

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|-------------------------|
| If yes, please explain: |
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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 |

Refer to JCA Student Handbook for clarification.

Religious Information:

JCA accepts students regardless of race, sex, or national origin. However, we do reserve the right to refuse acceptance if a parent or student's religious beliefs are in conflict with our Statement of Faith. Parents must sign the statement of cooperation and remain in compliance while the student(s) are enrolled at JCA.

| | |
|--|---|
| What is your religious affiliation? | |
| 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:

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

| |
|----------------------------|
| If yes, please list names: |
|----------------------------|

Please explain why you want your child to attend Jacksonville Christian Academy.

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|-----------------|
| Please explain: |
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Parental Questionnaire

| | |
|--|--|
| Have you, the parent(s) viewed the online Student Handbook? | <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 or any other deviation from God's word 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 and should be accountable 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 evaluate your child's progress by going over work sent home? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 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, 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 supportive 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 |

Parental Questionnaire (continued ...)

| | |
|---|--|
| Do you, the parent(s), support Biblical correction (spanking)? If no, please explain: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Do you understand that if corporal punishment is warranted, 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 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 in front of your child, publicly, or on social media? | <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 to remove your student from JCA if you cannot fully support its philosophy, policies, rules, faculty, and administration? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Do you agree to take all concerns, or complaints through the proper chain of command: teacher, principal, administrator, and school board? | <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 |
| Will you support JCA's student dress standards as deemed appropriate for daily regular school, field trips, and athletic events, etc. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 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 tardies and absences by having your child at school on time? | <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 |
| Do you understand that all parents and visitors must check in at the office? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 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 |

Parental Questionnaire (continued ...)

| | |
|--|--|
| Has the applicant ever been involved in alcohol, smoking, or using narcotics? 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 |
| I understand that my child will be taught the importance of showing respect to the American Flag, thus pledging daily to it and both the Christian Flag and Bible. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Have the expectations of JCA been explained to the applicant? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| I understand that if I knowingly falsify any information on the application, acceptance may be denied, or it may result in dismissal from school. | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Student Standard of Conduct

Students 1st - 5th Grade:

I, am enrolling as an elementary
Students Name:

student at Jacksonville Christian Academy under the following conditions:

1. I will strive to conduct myself in a Christ-like manner, understanding this includes my attitude, actions and treatment of others.
2. I will abide by all the rules of JCA.
3. I will obey those in authority over me.
4. I will keep my actions and attitude “in check” when I am corrected.
5. I will do my best to achieve the highest academic goals possible.
6. I will do my best to complete my classwork, homework, and reports/projects in a timely manner.
7. I will strive to be positive and enjoy my school experience at JCA.

X

Student's Signature

X

Parent/Guardian's Signature

Date: _____

Date: _____

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 (padding), 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.

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 Disciplinary Offenses

The following list is not intended to be exhaustive, but is a guide to offenses that may cause dismissal from our school:

- Maliciously destroying school property. Students will be liable for damaged property.
- A rebellious spirit, which is unchanged after sufficient effort exerted by the teacher, principal, and parent.
- A serious breach of conduct inside or outside of the school, which has an adverse effect upon the testimony of the school, its administration, or faculty.
- Repeated conduct or attitude that reveals the student to be in open opposition to the basic principles or purposes of the school.
- Insufficient academic progress resulting from **refusing** to apply oneself.
- Involvement in or the use/misuse of alcohol and drugs. Whether it is on or off school grounds any form of use, trafficking, or withholding knowledge of their use by a student, will also be considered a serious offense.
- Smoking/vaping and use of any form of tobacco.
- Immorality or inappropriate behavior with the opposite/same sex.
- Possession of firecrackers, fireworks, or any other explosive devices of any kind at school.
- Vulgarity, obscene gestures/drawings, or possessing pornographic material.
- Continued hair or dress code violations.
- Misuse of social media, phone usage, or texting.
- Written, verbal, or physical threats to do harm towards another person, especially a staff member or student.
- Possession of a knife, gun, or other type of weapon.

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

X

Your Signature
Parent/Guardian

Date: _____

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 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.
2. 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.
3. The offense and spiritual applications will be clearly discussed with your child.
4. A staff witness (usually the teacher of the child) will be present.
5. A reasonable number of firm strokes, not to exceed 3, will be administered using a flat, wooden paddle.
6. Should corporal correction be administered, the staff member will pray with the child, assuring them of the school's love and desire for them to do right.
7. A written report will be sent home/given to the parent to sign. It will be placed in the student's file.
8. 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.

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 to the following: (Please read and initial each statement below.)

___ 1. I have read the online JCA Student Handbook and will fully support the policies as stated in the handbook. (You can find the JCA Student Handbook on our school website.)

___ 2. I agree to pay my school bill on time. Tuition is due on the first day of each month and **must be paid by the 15th**. After this date, a **late payment fee** will be charged to my account. 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 a pro-rated amount for any part of a month my child attends school.

___ 3. I understand that there will be a **service charge** on all returned payments. If a payment is returned more than once, I may be asked to make all future payments with a money order, certified/cashier 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 publicly or on social media. Doing so may result in withdrawal. I agree to bring any serious questions and criticisms directly to the administration so that those in authority may properly consider them. For questions and concerns, I will follow the proper chain of command.

___ 5. I understand that the staff of JCA strives to execute a Biblical approach with regards to the training and discipline of my child. I agree not to be defensive should I be notified for a discipline infraction. I further understand that the school will use discernment when handling a discipline matter.

___ 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. Parents will always be notified if the student is leaving the premises.

___ 8. In the event of an emergency, I give JCA permission to take such reasonable measures as are necessary to the welfare and safety of my child/children.

___ 9. I give permission to receive communication by automatic dialing equipment, School Cast, using the numbers provided on the JCA Student Application or Registration Form.

___ 10. If 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, videos, social media, websites or other publications for First Free Will Baptist Church or Jacksonville Christian Academy. (See the JCA Student Handbook for details.)

___ 11. 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.

___ 12. I agree that my student should absolutely obey all school/classroom rules, policies and procedures **and ensure that my child will not accrue excessive tardies or absences.**

___ 13. I agree to sell and/or pay for the **Conqueror Cards**, our only required JCA fundraiser for the year.

X

Your Signature
Parent/Guardian

X

Your Signature
Parent/Guardian

Date: _____

Date: _____

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 Jacksonville, NC 28540



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 website: www.jacksonvillechristianacademy.com
 email: jcaconquerorsoffice@gmail.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. 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, Psychological assessments and/or any other assessments/evaluations
5. Immunizations
6. Disciplinary records
7. Copy of birth certificate

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

X

 Your Signature
 Parent/Guardian

X

 Your Signature
 Receiving Principal Signature

| | |
|-----------|-----------|
| 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: |

This portion is to be completed 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 REFERENCE FORM TO:

Jacksonville Christian Academy
email: jaconqueroroffice@gmail.com • fax: 910-347-3138

X

Pastor, Youth Worker or Adult of the Church