



# Application for Student Enrollment

Grade applying for \_\_\_\_\_ Current Age \_\_\_\_\_ Birth date \_\_\_\_\_  New Enrollment  Re-enrollment

## Student Information

Legal Name \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_  
last first middle

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ County: \_\_\_\_\_  
(if different from physical address)

Student resides with:  Both parents  Mother  Father  Guardian  Stepmother  Stepfather

School last attended \_\_\_\_\_ Fax # \_\_\_\_\_

Name to be called in class \_\_\_\_\_

## Family Information

Father (Guardian) \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Home address \_\_\_\_\_

Mother (Guardian) \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Home address \_\_\_\_\_

*Please provide copy of legal documentation if guardian.*

Church family attends \_\_\_\_\_ Attends regularly  yes  no

Pastor's name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of insurance \_\_\_\_\_ ID # \_\_\_\_\_

Subscriber's name \_\_\_\_\_

## Grandparent Information

Grandparent's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Grandparent's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Grandparent's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_



# Parental Agreement

## GENERAL INFORMATION

1. A current copy of Georgia Form 3231, Certificate of Immunization, is required for every student attending the Academy. If the Academy does not have an updated copy, please submit this form with the Enrollment Application.
2. Has the applicant ever repeated a grade?      No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Please indicate with a ✓ the preferred payment method for tuition fees:
 

<input type="checkbox"/> Direct deposit payment	<input type="checkbox"/> 10 month invoice payment plan
<input type="checkbox"/> Full payment	<input type="checkbox"/> ½ payment (July 15 <sup>th</sup> & Jan. 5 <sup>th</sup> )
4. We pledge to uphold the policies and procedures outlined in the Parent-Student Policy Manual.
5. We will work with the Administration and teachers regarding any academic difficulties or any disciplinary situations encountered during the school year.
6. As parents, we agree to work closely with the Academy personnel in helping our child(ren) to learn and to solve problems.
7. We will take full responsibility for our child’s behavior and will uphold disciplinary actions taken by the Academy.
8. Advertisement Permission: As a legal parent/guardian, I agree for my child(ren) to participate in advertisement activities for OCA. I also grant permission for pictures and/or videos of my child(ren) to be included in advertisements for OCA and use on the Academy website.
9. **As parents, we understand that Oakwood Christian Academy is a not for profit ministry. We agree to meet our financial responsibility to the Academy. We understand the Registration Fee is required with the Enrollment Application and that the fee is non-refundable. In addition, we are committing to the Academy with this agreement. Therefore, we are entering into a contract with Oakwood Christian Academy for the upcoming school year. If we withdraw after the first day of school we agree to pay 100% of the year’s tuition via Direct Payment. If we withdraw before the first day of school we understand we are responsible to pay 50% of the full year’s tuition via Direct Payment.**

➔➔ Signature of OCA employee stating that this agreement was discussed with  
 ➔➔ parents/custodian of student enrolling \_\_\_\_\_ Date \_\_\_\_\_

Father’s (Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother’s (Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

If new, how did you hear of and/or who referred you to Oakwood Christian Academy?  
 \_\_\_\_\_



# Student Emergency Information

## 2010-2011

### GENERAL INFORMATION:

### TEACHER: \_\_\_\_\_

Student Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone ( ) \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Wk ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Wk ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Student lives with (check all that apply)  Both Parents  Father  Mother  
 Stepfather  Stepmother  Guardian

► To better expedite communications with parent, in the event of school closing, etc., please list **either** a daytime phone number **or** an email address (only if checked daily)

Daytime number: ( ) \_\_\_\_\_ **or** email address(s) \_\_\_\_\_

### EMERGENCY INFORMATION (Other than Parents/Guardian):

Contact Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Contact Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Physician: \_\_\_\_\_ Office # \_\_\_\_\_

### AUTHORIZED PICK-UP INFORMATION (Other than adults listed above):

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relation \_\_\_\_\_

### MEDICAL INFORMATION:

Written permission from parent or guardian is needed in order to administer any medication during school hours. Listed below are the medications available for dispensing. Please mark **only** the medications you wish to be given to your child.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <b>Liquid Benadryl</b>                   | <input type="checkbox"/> <b>Children's Tylenol</b> | <input type="checkbox"/> <b>Children's Motrin</b> |
| <input type="checkbox"/> <b>Advil (12 years &amp; older only)</b> | <input type="checkbox"/> <b>Cough Drops</b>        | <input type="checkbox"/> <b>Emetrol</b>           |
| <input type="checkbox"/> <b>Benadryl Cream/Spray</b>              | <input type="checkbox"/> <b>Tums</b>               | <input type="checkbox"/> <b>Neosporin</b>         |

I grant permission for OCA to dispense the above checked medications to my child during the 2010-2011 school year. I understand that the generic version is used.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**If any information changes during the school year, please contact the Academy immediately.**

**SEE OTHER SIDE FOR ADDITIONAL INFORMATION ►**



# **Student Emergency Information**

*Continued ....*

Personal Comments: (Medical History, allergies, routine medications, emotional needs, handicaps, special procedures required, etc.)

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If over the counter or prescription medications are taken on a daily basis by your child, this medication must be kept in the Academy Office and not with your child. For example, if your child has frequent headaches, you may bring a bottle of Tylenol or Ibuprofen. Some may bring allergy medications or cough syrup. We will label the medication and hold it in the Academy office for your child until needed. This small consideration significantly helps cut the cost of supplies for the Academy.

*Any inhalers or epipens will be kept in the first-aide kit of their teacher.*

- ▶ Please make sure the Academy Office is aware of your child’s use of any **epipens, inhalers, breathing treatments**, etc.
- ▶ The “**Student Emergency Information**” form **must** be completely filled out. Please leave nothing blank. It is very important that the Academy document all medical conditions and any known allergies.

**PLEASE COMPLETE THE OTHER SIDE**