

OAK RIDGE CHRISTIAN ACADEMY

Seeking Wisdom... Pursuing Godliness - Romans 16:19

Family Information

Applying for _____ School Year

Family Address _____ City _____ Zip Code _____

Home Phone _____ Home E-mail _____

Father's Name _____ Mother's Name _____

Employer _____ Employer _____

Occupation _____ Occupation _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

May we list the following information in the school directory? ___ Home Phone ___ Address ___ Home email

If you would like correspondence via your work email address please include below:

Father's email _____ Mother's email _____

Does child(ren) live with both natural parents? ___ Yes ___ No If no, give brief explanation: _____

Children applying to Oak Ridge:

Legal Name _____ Birth date _____ M ___ F ___ Grade entering _____

Legal Name _____ Birth date _____ M ___ F ___ Grade entering _____

Legal Name _____ Birth date _____ M ___ F ___ Grade entering _____

Legal Name _____ Birth date _____ M ___ F ___ Grade entering _____

Other persons who live in your home:

Name	Age	Relationship	School Attending
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about Oak Ridge Christian Academy? _____

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Family Questionnaire

Family's Name: _____

1. Please describe your family structure and those things you value as a family?

2. What are your primary reasons for applying to Oak Ridge Christian Academy?

3. Oak Ridge Christian Academy believes that parents are ultimately responsible for the education of their children. What does this mean to you?

4. What is a Christian? How does one become a Christian?

5. What will enable a person to enter heaven?

6. Describe your family's church attendance and involvement since you became believers.

7. Are you committed to being actively involved in a local Bible-believing church and attend with your child/children at least weekly? _____

8. Each parent is required to write out their testimony of their salvation experience in paragraph form on a separate sheet of paper. **The application is not complete without the personal testimony.**

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Student Information for Grammar School

Name _____ Birth date _____ M ___ F ___ Grade entering _____

To better serve the needs of your child please be candid when answering the following questions:

What are the student's academic strengths? _____ Weakness? _____

Has the student received any special honors or awards? _____

Has the student ever received special academic help, such as tutoring or modifications? ___ Yes ___ No

If yes, why? _____

Has student been suspended, expelled, or asked to withdraw? ___ Yes ___ No

If yes, why? _____

Has student ever repeated a grade? ___ Yes ___ No

If yes, which grade and why? _____

Has student ever been recommended for testing or diagnosed with any learning difficulties? ___ Yes ___ No

If yes, please explain. _____

Has student ever been seen for any type of social or behavioral problem? ___ Yes ___ No

If yes, please explain. _____

Previous school attended: _____

This portion may be completed by the student or the parent on behalf of the student:

What is your favorite color? _____ Food? _____ Subject? _____

Hobby? _____ Sport/Activity? _____

Do you have a pet? _____

Why do you want to go to Oak Ridge Christian Academy? _____

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Medical Information

Student _____

Health History (Please check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Allergy/Sinus | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Hearing impaired |
| <input type="checkbox"/> Allergic to insect/bee stings | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Gastrointestinal problems | <input type="checkbox"/> Vision problems |

Has this student had any physical, emotional, behavioral, or social problem in the last 2 years? _____

If so, please explain: _____

Current Medical Condition

Medical Condition

Medication, Dosage, & Frequency

Does this student have any medical condition that would prevent or hinder them from participating in a physical education program or any classroom setting? _____

Does this student have any known drug allergies? _____

May this student be given: Acetaminophen (Tylenol) Ibuprofen (Motrin) Antacid (Tums)

Does this student have any known food allergies? _____

May this student occasionally be given a piece of candy as a treat? _____

May this student occasionally be given any foods as a treat? (i.e. goldfish, pretzels, pop-corn, etc.) _____

May this student participate in any private parties held in the classroom or lunchroom where food will be brought in or prepared by other parents and served at school? _____ I accept any and all responsibility for my child's health in the event that my child becomes ill at school or after a school party.

I understand that it is my responsibility to notify the school of any changes in my child's health.

Parent's Signature

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Pastor's Recommendation

Family Section:

To be completed by the family. Once family section is complete, please give this to your pastor or spiritual leader (this may be a Sunday School teacher or Bible Study leader, etc.) to complete and mail or fax directly to the school.

Family Name: _____

Address: _____

Church Home: _____

How long has your family been a member of this church? _____

Name of children applying to ORCA:

1. _____

2. _____

3. _____

4. _____

Pastor Section:

To be completed by your pastor or spiritual leader. **The person filling out this form should have personal contact with the family. This form is considered confidential and should be submitted to Oak Ridge Christian Academy by the above-named church.**

Is the above family an active member of your church? Yes ___ No ___

Have any members of the family held a leadership position in the church? Yes ___ No ___

If yes, please list position and time of service: _____

Are the children active in the children's program of the church? Yes ___ No ___ Since _____

Do you consider the children open to spiritual instruction? Yes ___ No ___

What is your understanding of this family's relationship to God? _____

Are there matters that you feel would be helpful to us as a school to know influencing the admission of this family? _____

Do you recommend this family for admission to Oak Ridge Christian Academy? Yes ___ No ___

Pastor's/Spiritual Leader's Signature _____ Date _____

Pastor's/Spiritual Leader's Name _____

Church Name _____

Address _____

Telephone _____

Please return this form to the school at the address below or fax to 281-292-2818.

Thank you

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Student Record Request

Please send this form to the last school your child attended.

I am requesting that a complete school transcript on behalf of my child:

_____ Date of Birth: _____

be sent to:

Oak Ridge Christian Academy
PO Box 7220
The Woodlands, TX 77387
Or faxed to 281-298-5800

Please include the following items:

1. Date of entrance and date of withdrawal
2. Copies of Report Cards
3. Key to your grading system
4. Intelligence and achievement test records
5. Health/immunization records/Vision& Hearing
6. Partial grades if the above student withdrew before completing the semester or quarter

Parent/Guardian Signature

Date

Print Name

Street Address

City, State, Zip Code

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Teacher's Recommendation for Grammar School

Grades 1 – 6th. Please fill in the top portion of this form and give to one of your child's former teachers. They can forward it on to us.

Child's name _____ Grade entering _____

Evaluator's name (print) _____

Dear Teacher,

You have been selected to be a reference for the above named student. We would appreciate your evaluation of this student who is an applicant to Oak Ridge Christian Academy. Your carefully considered responses will have a direct impact on this application. The information given will be held in strict confidence. The completed form should be returned to the address below or you may also fax the completed form to 281-292-2818. If you have questions regarding the request for reference, you may call the school office at 281-298-5800. Thank you for your assistance and timely response.

1. In what context have you worked with the applicant? _____

2. How do you rate the applicant in terms of the following: (please circle one)

A. Self Discipline	Below Average	Average	Good	Superior
B. Cooperation	Below Average	Average	Good	Superior
C. Motivation	Below Average	Average	Good	Superior
D. Responsibility	Below Average	Average	Good	Superior
E. Respectfulness	Below Average	Average	Good	Superior
F. Independence	Below Average	Average	Good	Superior
G. Verbal Expression	Below Average	Average	Good	Superior

3. Do you feel this student would be a good Christian example both on and off campus? _____

4. Are there any additional issues that we should be made aware of? _____

Please use the back for additional comments.

Evaluator's signature: _____ Date: _____

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Family Cooperation

I/We, the parents of _____
do hereby promise to support Oak Ridge Christian Academy of the following:

1. I/We have read and agree with the **Statement of Faith** of the school as contained in this Packet and am willing to have my children educated in accordance with it.
2. It is my responsibility to strive diligently toward the observance of the **Parent's Code** as contained in this Packet as God enables me by the power of His Holy Spirit.
3. I/We agree that the school has full discretion for the grade placement and teacher assignment of our child.
4. I/We understand that all incoming students are on a probationary period for the first nine weeks of school regarding their behavior and academic grades. I/we understand that the school reserves the right to dismiss any student who does not comply with the educational process.
5. I/we understand that the school has full discretion in the discipline of my child in accordance with the **Discipline Code** contained in this packet. I/we understand that the school reserves the right to dismiss any student who does not comply with the disciplinary process.
6. I/we agree to the **Financial Policies** and **Statement of Fees** as contained in this packet. I/we understand that the school reserves the right to dismiss any student who does not fulfill their financial obligations.
7. I/We are active members of and will continue to support a local Bible believing church.
8. In the event of dismissal for any reason, I/we are still responsible for the financial commitment I/we have made to the school.
9. I do hereby attest that this application packet has been completed truthfully and accurately. If it is revealed that something has been presented falsely, Oak Ridge Christian Academy reserves the right to dismiss the student.

(Signature of Father/Guardian)

(Date)

(Signature of Mother/Guardian)

(Date)