

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 Requirements & Information for Mother's Day Out

Name _____ Birth date _____ M ___ F ___ Class _____

Requirements

To better serve each class we require that children entering the **"Toddler"** class be 16 months on or before September 1st. They must be walking, able to feed themselves and no longer drinking from a bottle. The same is required of the **"Discovery"** class children with the exception that they must be 2 years of age on or before September 1st. Children entering the **"Readiness"** class must be 3 years of age on or before September 1st. They must be potty trained no longer using diapers or pull ups.

Information

What can you tell us about your child that would help us better minister to them and meet their needs?

What are your goals and expectations for your child by the end of the 2009-2010 school year?

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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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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)