

Admissions Application

Johnson County Christian Academy
401 South Walnut
Centerview, MO 64019
660-656-3307

Application Date _____ Child's Age _____ School Year _____ / _____
Child's Name _____ Male Female
Child's Address _____ Date of Birth _____
Home Phone Number _____ Email Address _____
School District Student Lives in _____

Father/Guardian

Mother/Guardian

Full Name _____
Mr. Dr. Other _____
Home Address _____
Home Phone _____
Cell Phone _____
Employer _____
Work Phone _____
Church Affiliation _____
Pastor's Name _____
Pastor's Phone # _____

Mrs. Ms. Dr. Other _____

Frequency of Attendance: (circle one) Weekly Monthly Occasionally Seldom

Weekly Monthly Occasionally Seldom

If parents are separated, with whom does child reside? _____
Siblings attending JCCA names and grades: _____

Emergency Medical Information

Physician: _____ Phone: _____
Dentist: _____ Phone: _____
Health INS: _____ Policy # _____
In Name of: _____ Relationship to student: _____
Pref Hosp: _____ Date of last tetanus shot: _____

May we have permission to give your child Tylenol (acetaminophen) or Motrin (ibuprofen) in the event of a headache or elevated temperature? _____ (**please circle your preference**)

In case of emergency, who is the nearest relative or neighbor we should contact, if we cannot reach you?

Are they permitted to pick up your child?

Name _____	Relationship _____	Phone _____	Ride _____
Name _____	Relationship _____	Phone _____	Ride _____
Name _____	Relationship _____	Phone _____	Ride _____

ALLERGIC REACTIONS

Please check the categories below that apply and specify individual substance(s) causing allergic reaction.

Insect Bites _____ Other _____
 Medications _____
 Foods _____

STUDENT INFORMATION

(Complete this page for each child you wish to enroll at JCCA)

Student's Name: _____

Explain why it is important for your child to attend JCCA: _____

SCHOOL HISTORY: Please list school(s) attended.			
School Name	Address	Years in Attendance	Grades Completed

Describe any special services received at previous schools.

Describe any special award, merits or achievements accomplished by the student.

Describe your child's academic strengths and limitations.

Describe any medical or physical restrictions that would require special accommodations.

Describe your child's typical classroom behavior.

In what learning environments does your child learn best?

What extracurricular activities does your child enjoy?

JOHNSON COUNTY CHRISTIAN ACADEMY

SUPPORT FOR STATEMENT OF FAITH

As a community school, it is not our intention to promote the doctrines of any one church or denomination. Instead, we will focus on those beliefs that we share in common. We believe:

1. in one God, existing eternally in three persons: Father, Son, and Holy Spirit. He is the Creator, Governor, and Sovereign Lord of the Universe;
2. the scriptures of the Old and New Testament to be the only inspired, inerrant, infallible, authoritative Word of God;
3. in the Deity of Christ, including His virgin birth, sinless life, atonement on the cross, resurrection and return;
4. that God created humans in His own image, for His glory; in their original state, humans had fellowship with God; human chose to disobey God, breaking the fellowship; this resulted in sin and death entering the human race;
5. all people have sinned, and salvation is based on acceptance of Jesus as Lord and Savior; an individual is redeemed by God's grace through faith, not be works or service; and
6. Christ has established the church and as its head; individuals are to be related to a local church for Christian worship, instruction, fellowship, and service.

We believe these six principles are indispensable to the Christian faith. Matters of doctrinal difference or personal interpretation are left to the parents and churches.

FATHER: Do you support without reservation the above statement of faith? Yes No

(Guardian) Are you willing to have your child trained in accordance with this statement of faith? Yes No

Father's/Guardian's Signature _____ Date _____

MOTHER: Do you support without reservation the above statement of faith? Yes No

(Guardian) Are you willing to have your child trained in accordance with this statement of faith? Yes No

Mother's/Guardian's Signature _____ Date _____

STATEMENT OF COOPERATION

Families play a vital part in the total program of JCCA. The cooperation of parents with the school is vitally important to the education of each child. We believe that the following code, when subscribed to by all our partners will make JCCA a school which truly honors the Lord and produces the finest education possible.

1. I will pray regularly for the students, parents, teaches, and administration of JCCA.
2. I will cooperate fully in the educational function of JCCA, doing my best to make Christian education effective as I love and serve the Lord Jesus Christ for all of my life.
3. I will assume volunteer duties and responsibilities for JCCA as opportunities arise and as God provides the strength and time.
4. I will faithfully attend meetings and parent functions of the school.
5. I will support the school by gifts besides my tuition payments as the Lord enables me.
6. I will seek the advancement of JCCA in all areas: spiritually, academically, and physically.
7. I have red the Family Handbook and I further agree to abide by the Matthew 18 principle of expressing concerns and differences to the appropriate school personnel and will refrain from engaging in conversations that undermine our school's Bible-based standards.
8. I understand that parents assume the responsibility for the financial support of their child(ren)'s education in our school. I agree to full and prompt payment of require tuition, activity fees and will further support the school's efforts in fundraising events or extracurricular fees that may be incurred by my child/children. If I am ever unable to pay on time, I will notify the school in advance, explaining the delay and stating when the payment will be made.
9. I recognize that it is my privilege and responsibility to strive diligently to observe the above as God enables me, by the power of the Holy Spirit.

FATHER/GUARDIAN: Do you support without reservation the above statement of cooperation: Yes No

Father's/Guardian's Signature _____ Date _____

MOTHER/GUARDIAN: Do you support without reservation the above statement of cooperation: Yes No

Mother's/Guardian's Signature _____ Date _____

Documents Checklist

Copy of Social Security Card

Copy of Birth Certificate

Current Immunizations

School records from previous school