

Please place  
photograph  
of  
student  
here

# Enrollment Application for Joplin Christian Academy

## STUDENT GENERAL INFORMATION:

Student's Name: \_\_\_\_\_  
(last) (first) (middle)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

Primary phone number: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade to enter: \_\_\_\_\_

Ethnic background: \_\_\_Hispanic \_\_\_African American \_\_\_American Indian \_\_\_Asian \_\_\_Caucasian

Other: \_\_\_\_\_ Language other than English spoken: \_\_\_\_\_

## FAMILY INFORMATION:

### Biological Parents:

Please note! By federal law, we must have permission from both biological parents of the student to attend Joplin Christian Academy. The only exceptions are: 1) Legal adoption, 2) Complete sole custody awarded by the court (we must have a copy of the settlement awarding sole custody), or 3) Legal guardianship awarded by the court (we must have a copy of the court's statement of legal guardianship).

Biological Father's Name: \_\_\_\_\_  
(last) (first) (middle)

Biological Father's marital status: \_\_\_married to biological mother \_\_\_divorced from biological mother  
\_\_\_remarried \_\_\_widowed

Biological Father's Address (if different from student's address):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Biological Father's place of employment: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Employer's phone number: \_\_\_\_\_

Biological Mother's Name: \_\_\_\_\_  
(last) (first) (middle)

Biological Mother's marital status: \_\_\_married to biological father \_\_\_divorced from biological father  
\_\_\_remarried \_\_\_widowed

Biological Mother's Address (if different from student's address):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Biological Mother's place of employment: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Employer's phone number: \_\_\_\_\_

Custodial Parents:

If student is in the care of **other than both of his/her biological parents**, please give information below:

Custodial Father's Name: \_\_\_\_\_  
(last) (first) (middle)

Custodial Father's relationship to child : \_\_\_stepfather \_\_\_adoptive father \_\_\_foster parent  
\_\_\_legal guardian

Custodial Father's place of employment: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Employer's phone number: \_\_\_\_\_

Custodial Mother's Name: \_\_\_\_\_  
(last) (first) (middle)

Custodial Mother's relationship to child : \_\_\_stepmother \_\_\_adoptive mother \_\_\_foster parent  
\_\_\_legal guardian

Custodial Mother's place of employment: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Employer's phone number: \_\_\_\_\_

EMERGENCY INFORMATION:

In the event of an emergency, if a parent cannot be reached, whom may we contact?

- 1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Please list names of persons you authorize to pick up the student from school:

- 1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

SCHOOL INFORMATION:

List school(s) this student has previously attended:

- School name: \_\_\_\_\_ Dates attended: \_\_\_\_\_
- School name: \_\_\_\_\_ Dates attended: \_\_\_\_\_
- School name: \_\_\_\_\_ Dates attended: \_\_\_\_\_
- School name: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Was this student ever denied admission to a school? \_\_\_\_\_ If so, why? \_\_\_\_\_

\_\_\_\_\_

Was this student ever suspended or expelled from school? \_\_\_\_\_ If so, why? \_\_\_\_\_

Has this student ever repeated a grade? \_\_\_\_\_ If so, which one(s)? \_\_\_\_\_

Student's average grades have been: \_\_\_ A's \_\_\_ B's \_\_\_ C's \_\_\_ D's

Please check below if any of these statements apply to this student, and explain on a separate page:

- \_\_\_ Has exhibited learning disabilities
- \_\_\_ Has been diagnosed as learning disabled
- \_\_\_ Has been diagnosed as ADD or ADHD
- \_\_\_ Has been under medication which the school should be aware of
- \_\_\_ Has physical limitations or handicaps

### SPIRITUAL INFORMATION

Has the student made a profession of faith in Jesus according to Romans 10:9-10? \_\_\_\_\_

Has the father currently in the home made a profession of faith in Jesus? \_\_\_\_\_ Has the mother currently in the home made a profession of faith in Jesus? \_\_\_\_\_ If you or your child has not received the baptism in the Holy Spirit, are you open to it? \_\_\_\_\_

Where is the family's current church membership? \_\_\_\_\_

What is your Pastor's name? \_\_\_\_\_

Do you faithfully attend at least one service per week at your church? \_\_\_\_\_

### FINANCIAL INFORMATION

Are you currently able to make tuition payments for this student? \_\_\_\_\_

Do you foresee any reason you would not be able to make your tuition payments? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Are you relying on income other than your regular employment income? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

### QUESTIONS FOR PARENTS:

What do you see as your child's strengths? \_\_\_\_\_

What do you see as your child's greatest needs:

Spiritually? \_\_\_\_\_

Academically? \_\_\_\_\_

Socially? \_\_\_\_\_

How do you see yourself as being involved in the educational process of your child? \_\_\_\_\_

Why do you desire your child to attend Joplin Christian Academy? \_\_\_\_\_

QUESTIONS FOR STUDENTS (13 yrs. of age and older):

What are your favorite subjects in school? \_\_\_\_\_

What subjects are most difficult for you? \_\_\_\_\_

Have you ever used drugs, tobacco, or alcoholic beverages? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you had any conflicts or discipline problems at previous schools? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you want to attend Joplin Christian Academy? \_\_\_\_\_ Why or why not? \_\_\_\_\_

Why do you think you should be accepted as a student at Joplin Christian Academy? \_\_\_\_\_

If accepted as a student at Joplin Christian Academy, what type of student do you think you will be?

What are some goals you have for your life? \_\_\_\_\_

Please note: This application does not assure final enrollment, but provides information upon which a decision will be based. The following items must be included with this application:

1. recent photo
2. birth certificate (K-2<sup>nd</sup> grade)
3. recent report card(from previous school or homeschool)
4. Immunization records (or form stating your exemption)
5. \$50.00 registration fee. (If enrollment is denied, the \$50.00 fee will be refunded.)

Joplin Christian Academy admits students of any race, color, national and ethnic origins to all rights, privileges, programs, and activities generally accorded or made available to students at the school.

Declaration: I, the undersigned, affirm that all information contained in this application is true and accurate to the best of my knowledge. I understand that providing false information could be reason for rejection of this application. I also understand that I may be asked to provide additional written information, if necessary.

Student's signature (if 13 yrs. or older) \_\_\_\_\_ Date: \_\_\_\_\_

Biological Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Biological Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Custodial Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Legal guardian? \_\_Y\_\_ N

Custodial Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Legal guardian? \_\_Y\_\_ N

Legal Guardian's signature (if other than custodial father or mother): \_\_\_\_\_

Date: \_\_\_\_\_

# Student Medical Information

## GENERAL INFORMATION:

Student's Name: \_\_\_\_\_  
(last) (first) (middle)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_

## FAMILY INFORMATION:

Father's Name: \_\_\_\_\_  
(last) (first) (middle)

Place of employment: \_\_\_\_\_ Employer's phone number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
(last) (first) (middle)

Place of employment: \_\_\_\_\_ Employer's phone number: \_\_\_\_\_

## EMERGENCY INFORMATION:

In the event of a medical emergency, if a parent cannot be reached, whom may we contact?

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

## MEDICAL INFORMATION:

Child's physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of policy holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please list any injuries, surgeries, or serious illnesses your child has experienced in the past year:

\_\_\_\_\_  
\_\_\_\_\_

Please list date and type of any immunizations your child received in the past year: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please indicate if your child wears corrective lenses, hearing aid, orthopedic devices, prosthesis, orthodontic devices, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any chronic illnesses your child has, such as asthma, diabetes, heart disease, seizures, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any physical limitations or restrictions for your child that the school should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any allergies your child has, including allergies to medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Authorization for Medical Care to Minor(s)

In the event of serious illness or injury, the student is given first-aid and the parents are notified. If the parents or the student's physician cannot be contacted, the student will be taken to a hospital emergency room. Joplin Christian Academy does not assume responsibility for the payment of the hospital, doctor(s), or ambulance fees.

I/We, the undersigned, as parent(s) or legal guardian(s) of \_\_\_\_\_  
(Student's name)

do authorize any x-ray, examination, anesthetic, dental, medical or surgical diagnosis and/or treatment by any licensed physician, dentist, and/or hospital service that may be rendered to said minor under the general, specific or special consent of Joplin Christian Academy, or a representative thereof (the temporary custodian of said minor). This authorization for medical diagnosis and/or treatment shall include whether such diagnosis or treatment is rendered at the office of a physician or dentist, or at a licensed hospital. I/we also do authorize the attending physician or dentist to call in any necessary consultants at his/their discretion.

I/We do understand that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of said minor, and the attending physician or dentist, to exercise his/their best judgment as to the requirements of such diagnosis and resulting medical, dental, or surgical treatment.

## Authorization for Administering Non-prescription Medication

In the event that a student shows symptoms of headache, fever, sore throat, stuffy nose, upset stomach, or nausea, the parents are notified, and a decision is made whether to arrange for the child to be picked up from school, and/or to authorize a staff member to administer non-prescription medication according to the symptoms.

I/We authorize the staff of Joplin Christian Academy to administer the following non-prescription medication(s) to \_\_\_\_\_: (check the appropriate blanks)  
(Student's Name)

Aspirin:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tylenol:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ibuprofen:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Antacid:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pepto-Bismol:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Decongestant:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please note: No prescription medicines may be administered by Joplin Christian Academy staff members.

Declaration: I/We, the undersigned, affirm that all medical information listed on the reverse side of this form is true and accurate to the best of my/our knowledge. I/We agree that the above authorizations for medical care and for the administration of non-prescription medications will remain effective until revoked in writing.

Biological Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Biological Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Custodial Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Legal guardian?  Y  N

Custodial Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Legal guardian?  Y  N

Legal Guardian's signature (if other than custodial father or mother): \_\_\_\_\_

Date: \_\_\_\_\_

Joplin Christian Academy

# Code of Conduct

## Honor Pledge

(Ages 13 and older – one per student)

Students 13 years of age and older will be required to follow the School's Code of Conduct personally and sign the honor pledge below.

Recognizing Jesus as the author and finisher of my faith and the word of God as the supreme standard for all wisdom and knowledge, it is my aim to develop myself accordingly, realizing that as I seek His kingdom and righteousness all these things will be added.

Hebrews 12:1-2, James 1:5-6, I Peter 1:24, John 2:5-6, 1 John 5:3-5

I will endeavor to follow the will of God for my life and to exemplify Christ-like character through daily personal prayer and consistent study of the Word of God and through faithful group worship both at school and church.

Matthew 7:7-11, James 1:22, I Peter 1:13-36, I John 2:5-6, I John 5:3-5

I will apply myself to my studies and endeavor to develop the full powers of my mind in Christ.

Luke 2:52, Phil. 2:5, I Cor. 1:5

I will practice good health habits and regularly participate in wholesome physical activities.

I Cor. 3:16-17, Romans 12:1

I will yield my personality to the Holy Spirit.

James 5:14-16, Acts 1:8, Acts 2:1-4

I will endeavor to faithfully give heed to the call of God on my life and develop the gifts and abilities God has given me.

I John 2:20, I Cor. 12:18-31, Ephesians 4:11-12

I will seek to practically share the love of Christ through my personal witness and specific ministry on a regular basis in different areas of Christian service.

Matt. 28:19-21, 10:8, John 15:17, I Cor. 15:58, 2 Cor. 5:18, 1 Cor 9:22

I will submit myself to the leadership of my school and/or any rules or regulations that may be adopted or changed from time to time. I realize that attendance here at my school is a privilege and not a right. I determine to give my best and to prayerfully support the school and its philosophy of providing a quality education without compromising the Word of God. This pledge will become a part of my permanent file.

Student Signature: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Date: \_\_\_\_\_

Parent (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Student Records Request

I give permission to release all academic, medical and testing records of the below listed student Joplin Christian Academy at the following address:

Joplin Christian Academy  
3125 W 20<sup>th</sup> St  
Joplin, MO 64804

Student's Full Legal Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade Level At Time of Withdraw: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

NOTE: You must have the complete address of the school the student last attended. Our school will take the responsibility for requesting records.

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Date Request Received: \_\_\_\_\_ Date Request Mailed: \_\_\_\_\_

Date Records Received: \_\_\_\_\_ Records Complete: \_\_\_\_\_

*If you have any questions, please contact Tracy Davis @ 417-499-2220 or 620-202-1889 or email us at  
joplinchristianacademy@gmail.com*

**FINANCES/TUITION AND FEES**

We strive to maintain tuition and fees at Joplin Christian Academy which are very affordable. A schedule of these charges can be found below, along with payment plan options for tuition payments. Please note that there may be additional fees occasionally throughout the school year, such as field trips where admission is charged, sports uniforms, national scholastic testing fees, or student pictures. We strive to keep all extra costs and fees to a minimum.

ONE-TIME FEE (paid annually upon enrollment or re-enrollment)

ENROLLMENT OR RE-ENROLLMENT FEE: \$50.00 (non-refundable)

DIAGNOSTIC TESTING (for students new to A.C.E. program) \$25.00 (non-refundable)

(Diagnostic Testing may be taken at home on own computer – free of charge)

Test results need to be emailed to: [joplinchristianacademy@gmail.com](mailto:joplinchristianacademy@gmail.com)

TUITION AND PAYMENT PLANS

	<u>TUITION</u>	<u>9 MONTH PLAN</u>
<u>FULL DAY STUDENTS</u>		
First Child	\$2700 year (+ PACEs)	\$300 mo. (+ PACEs)
Second Child	\$2250 year “	\$250 mo. “
Third Child	\$2000 year “	\$200 mo. “

CURRICULUM (PACES)

All PACEs are ordered online prior to the first day of school. Must be paid for prior to the first day of school. Depending on the level of your child, the price will vary. Generally, it is between \$200-\$250 for each level.

Promissory Note

**To Joplin Christian Academy**

I / We have enrolled the child(ren) listed herein to Joplin  
Christian Academy

List name(s) of child(ren) enrolled: 1) \_\_\_\_\_  
*Last* *First* *Middle*

2) \_\_\_\_\_  
*Last* *First* *Middle*

3) \_\_\_\_\_  
*Last* *First* *Middle*

4) \_\_\_\_\_  
*Last* *First* *Middle*

5) \_\_\_\_\_  
*Last* *First* *Middle*

I / We fully understand our financial responsibilities to this institution, and that for our convenience, tuition payments will be divided into ten monthly installments in the amount of \$     300    , with first payment due prior to the first day of school, and subsequent payments due on the FIRST (1<sup>st</sup>) day of each consecutive month until final payment, which is due on the final day of school. I / We also understand that in addition to monthly tuition, payment must be made for all curriculum (paces) and other charges incurred during that month.

***Stipulations on late payments:***

I / We understand that any payment not made in full **ON THE DAY IT IS DUE** will be subject to a \$10.00 late payment fee. In addition, I / we understand that any payment not made in full by **TEN DAYS AFTER THE DUE DATE** will result in suspension of the student, and no additional paces will be issued, nor may the student return until payment is made in full.

***Refunds, reductions, and early withdrawals:***

I / We understand that since JCA has an obligation to its employees, NO reductions can be made in restitution for vacations, holidays, absences, school cancellations, semester breaks, etc. In the event of early withdrawal, I / we understand that refund will be made only for any tuitions which has been paid for by the year. (This will exclude any months partially attended.)

I / We the undersigned do accept and agree to abide by the financial obligations outlined within this promissory note to Joplin Christian Academy.

Biological Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Biological Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Custodial Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Legal guardian?  Y  N

Custodial Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Legal guardian?  Y  N

Legal Guardian's signature (if other than custodial father\mother): \_\_\_\_\_ Date: \_\_\_\_\_