

RETURNING STUDENT APPLICATION FORM

(Students Presently Attending)

I. STUDENT INFORMATION:

Student's Name _____
Last First Middle

Student's Preferred Name _____ Student's Age _____

Date of Birth _____ Social Security Number _____

Grade Applying For _____ Year Applying For _____ Male ___ Female ___

Brothers and Sisters:

NAME AGE GRADE SCHOOL

II. PARENT/GUARDIAN INFORMATION _____ Parent _____ Guardian

Mother's (or Guardian's Name) _____
Last First Middle

Address _____
Zip Code _____

E-mail Address _____ Home Telephone _____

Cell Telephone _____ Business Telephone _____

Employer _____ Occupation _____

Father's Name _____
Last First Middle

Address _____
Zip Code _____

E-mail Address _____ Home Telephone _____

Cell Telephone _____ Business Telephone _____

Employer _____ Occupation _____

Student lives with ___ Both Parents ___ Mother ___ Father

___ Other: _____

III. ALLERGIES / MEDICATION / HEALTH STATUS

Is this student **allergic** to any medications, food, insects, etc.? _____

If so, what? _____

Does this student take any regular medication? _____

If yes, please briefly explain: _____

Are there any health concerns your child's school needs to be aware of? _____

If yes, please briefly explain: _____

IV. CONSENT FOR MEDICAL TREATMENT

In the event that my child becomes ill or is injured while under School supervision, I approve the School authorities to take the following actions:

- Call Emergency 911 if School officials believe it is warranted.
- Contact a parent or legal guardian of the student.
- In the event of an emergency when neither parent nor legal guardian can be reached immediately, the School authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the nearest clinic or hospital for consultation and/or treatment. Such transport is to be done by ambulance or by School-provided transportation, if School officials believe it is necessary.

For information only, the name of the child's physician is _____
and the telephone number is _____.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the Principal or her designated representative to furnish on my behalf such written or oral authorization as may be so required.

Furthermore, I release the Principal or her designated representative, McElwain Christian Academy, and McElwain Baptist Church from any liability which might arise as the result of medical service and treatment provided by any hospital or physician pursuant to such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises. I agree to be responsible for any cost of medical service or treatment of my child/children as the result of the above authorization and agree to indemnify and hold harmless McElwain Christian Academy, the Principal, or her representative from any expenses incurred for said treatment or services.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Legal Guardian's Signature _____ Date _____

V. PARENT OR GUARDIAN AGREEMENT

Admissions Policy

- a. All applications are made to the governing authority of McElwain Christian Academy which reserves the right to accept or reject any application.
- b. Applicants agree to abide by all of the School rules and regulations, including provisions for the dress code and discipline.
- c. Parents of applicants agree that their students will receive instruction in the Christian Faith and understand that the School will endeavor to be guided by a Christian worldview in all of its programs and activities.
- d. McElwain Christian Academy admits students of any race, color, or national and ethnic origins to all rights, privileges, programs and activities generally accorded or made available to students of the School. McElwain Christian Academy does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational policies and admission.

Financial Terms

- a. Students are enrolled for the entire year and the parent or guardian is responsible for the **annual** tuition payment. The exceptions are:
 1. The student's family moves out of the area.
 2. The student withdraws from the school due to the death of a parent or guardian.
- b. The Initial Registration Fee and any advance tuition payments are refundable if the student moves out of the area (more than twenty-five miles) before the start of school.
- c. A \$10.00 fee is assessed each month for each balance due from the previous billing. A charge of \$25.00 is assessed for each returned check. Please note that we do accept Visa, MasterCard and Discover.

VI. PARENT OR GUARDIAN SIGNATURE

I hereby certify that I have read this Student Application Form, including the Consent for Medical Treatment and the Parent or Guardian Agreement, and I do agree to comply with the terms and conditions stated therein, and furthermore accept the conditions and requirements of all other official policies and procedures of McElwain Christian Academy, including the payment of all fees and charges according to the published schedule of the School.

McElwain Christian Academy does provide a priority enrollment program that has two main stipulations: space must be available, and the enrollment request must be exercised within the priority enrollment period. Information about this system may be obtained by contacting the Admissions Coordinator.

This application cannot be processed until the application fee is paid in full and the parent(s) or guardian(s) of the students have signed the application.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Legal Guardian's Signature _____ Date _____