



HOLY TEMPLE CHRISTIAN ACADEMY

1800 NW 9th Avenue • Fort Lauderdale, FL 33311

(954) 467-0758 • (954) 467-0748

Enrollment Application

Year 20 _____

PERSONAL DATA

Student Name:

Sex:

Birth Date:

Birth Place:

Social Security Number:

Home Phone:

Home Address:

Expected Grade Level:

Expected Start Date:

PARENTAL INFORMATION

Father/Guardian Name

Mother/Guardian Name

Social Security Number

Social Security Number

Email Address

Email Address

Home Phone

Home Phone

Work Telephone

Work Telephone

Cellular Phone

Cellular Phone

Student lives with (check ALL that apply)

Father Mother Guardian Stepmother Stepfather

Other (please explain) _____

All information in this application will remain confidential.

ACADEMIC INFORMATION

List all schools previously attended with complete addresses:

<u>Name of School</u>	<u>Address</u>	<u>Years Attended</u>	<u>Grade</u>

Has your child ever repeated a grade? YES or NO (Circle One)

If yes which grade(s) _____

Has your child ever been suspended or dismissed from a school? YES or NO (Circle One)

Has this student, to your knowledge, been involved with alcohol, drugs, tobacco, cheating, stealing, or sexual immorality? YES or NO (circle one)

Does your child have any special challenges? (i.e. learning, behavior, discipline, etc.)

YES or NO (circle one) If yes, please be specific. _____

Has this child ever been enrolled in special education classes? YES or NO (circle one)

What are some of his/her special skills or interests? _____

Reason for child not continuing at his/her present school? _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____

All information in this application will remain confidential.

MEDICAL INFORMATION

Physicians Name: _____

Physician's Address: _____

Physician's Telephone: _____

Name of Health Insurance: _____

Policy Number: _____

Date of Last Examination: _____

May we contact your family physician in the event of a medical emergency? Yes or No (Circle One)

Does the school have your permission to transport your child to a nearby hospital for emergency purposes? Yes or No (Circle One)

List all medical conditions:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Please attach additional sheets of paper if necessary.

Name all medications taken regularly:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Please attach additional sheets of paper if necessary.

List any allergies:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, my signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. I understand that I will not hold the school financially responsible for the emergency care/and or transportation for said child. Likewise, my signature below authorizes the release of medical records pertinent to such an emergency room visit, as the school may require for its files. This is a general authorization and is not sufficient for the release of confidential information protected by Federal Law.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

All information in this application will remain confidential.

PICK UP AUTHORIZATION and EMERGENCY INFORMATION

Student's Name _____ Age/Grade _____

How do you wish to be contacted in case of emergency? Please list order (#1-6)

____ Father-home # _____ Mother-home # _____
____ Father-work # _____ Mother-work# _____
____ Father cell # _____ Mother-cell# _____

List other person(s) authorized to pick up your child from school. Please inform these individuals that they will be asked to show identification. **DO NOT LIST ANYONE UNDER THE AGE OF 18. THE SCHOOL WILL NOT RELEASE STUDENTS TO MINORS.** In the event that the person picking up your child is late, you are responsible for the late fee. If the persons listed are authorized to act on your behalf in the event of an emergency and neither parent can be reached, please check the box next to their name.

- 1. _____
Name Telephone Relationship to Child
- 2. _____
Name Telephone Relationship to Child
- 3. _____
Name Telephone Relationship to Child
- 4. _____
Name Telephone Relationship to Child
- 5. _____
Name Telephone Relationship to Child
- 6. _____
Name Telephone Relationship to Child
- 7. _____
Name Telephone Relationship to Child

Parent Signature _____ Date _____

Parent Signature _____ Date _____

All information in this application will remain confidential.

PARENT COMMITMENT

Believing that parents are responsible before God for the instruction, training, and discipline of their child, I commit to support the following values to enable the school and home to provide a partnership in this endeavor. Each parent should initial next to each statement.

_____ I hereby state that I have made a thorough investigation of the school's program, curriculum, discipline, dress code, etc., and I agree to make them my choice for the coming school year.

_____ I understand and accept that it is the policy of H.T.C.A. that, whether my family and I are Christians OR NOT, we must demonstrate Christian standards of behavior during all school functions (i.e. small and large group functions, meetings, school activities, any time present on school grounds, etc.). In addition, during any public or private events during which we represent or can be seen to represent by the displaying of school emblems Holy Temple Christian Academy.

_____ I recognize that the school and home must work together in order to serve the best interests of the students. Therefore, I agree to take an ACTIVE role in the school program, volunteering support services and having our family represented (by at LEAST one parent) at orientation sessions, Parent-Teacher Fellowship (PTF), and activities on a regular basis.

_____ I agree to support the teacher and administration in encouraging my child to complete assignments on time, to help with Bible memory work and to plan the day so that my child can be faithful in daily attendance and punctual for class and school activities.

_____ I agree to do all in my power to see that my child respects and obeys the school personnel and rules. I agree to teach my child to respect authority by providing consistent discipline in the home and supporting the school authorities in disciplinary action that may be required for my child at school (including verbal warning, counsel, visiting the principal's office, after school or Saturday detention, probation, in-house or external suspension, and/or expulsion).

_____ I agree to sign an annual tuition contract upon enrolling my child and to pay my tuition payments in a timely manner. If I become delinquent in payments, I agree to notify the school administrator regarding any financial circumstances and to arrange for a proper settlement of my account.

_____ I agree that once the tuition contract is signed, I am obligated to pay the full annual tuition and applicable fees. I understand there are no refunds or credit given for days missed, suspension, expulsion, or voluntary withdrawal from the school and record will not be forwarded until all financial obligations have been met.

(continued on next page)

All information in this application will remain confidential.

_____ I understand the school reserves the right to place my child in a program that is conducive to his/her needs.

_____ I understand that the school reserves the right to dismiss any child who does not respect its spiritual standards or cooperate in the educational process.

_____ I agree to support the Biblical principles of conflict resolution. If my child should become involved in any difficulty in school with the teacher or another child, I will, with a prayerful Christian spirit register only necessary complaints with the teacher or principal. I will follow the guidelines set forth by the school according to the Bible (Matthew 18:15-17, Galatians 6:1-5 and 1 Corinthians 6:1-8) in resolving the conflict.

STATEMENT OF FAITH

We believe:

_____ The Bible to be the inspired, the only infallible, authoritative, inerrant Word of God (2 Timothy 3:15, 2 Peter 1:21)

_____ There is one God, externally existent in three persons—Father, Son, and Holy Spirit (Genesis 1:1, Matthew 28:19, John 10:30)

_____ In the deity of Christ (John 10:33); His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35); His sinless life (Hebrews 4:15, 7:26); His miracles (John 2:11); His vicarious and atoning death (1 Corinthians 15:3, Ephesians 1:7); His resurrection (John 11:25, 1 Corinthians 15:4); His ascension to the right hand of the Father (Mark 16:19); His personal return in power and glory (Acts 1:11, Revelation 19:11).

_____ In the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature, that men are justified on the single ground of faith in the shed blood of Christ, and that only by God's grace and through faith alone we are saved (John 3:16-19, 5:24; Romans 3:23; 5:8-9; Ephesians 2:8-10; Titus 3:5)

_____ In the resurrection of both the saved and lost, they that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation (John 5:28-29)

_____ In the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9, 1 Corinthians 12:12-13, Galatians 3:26-28)

_____ In the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life (Romans 8:13-14; 1 Corinthians 3:16, 6:19-20; Ephesians 4:30, 5:18)

Parent Signature _____ Date _____

Parent Signature _____ Date _____

All information in this application will remain confidential.

SCHOOL TRIP/RECREATIONAL ACTIVITY RELEASE

I give permission for my child, whose name is listed below, to take part in all activities including recreational activities on the premises of Holy Temple Christian Academy and sponsored trips away from the school premises. I do hereby release, absolve, indemnify, and agree to hold harmless Holy Temple Christian Academy employees, agents, chaperones, organizers, sponsors, and persons transporting my child to and from the activities, from any liability or medical payments directly or indirectly resulting from my child participating in the above-mentioned activities. I understand that Holy Temple Christian Academy does not provide medical insurance for my child and that any medical expenses incurred will be paid by either my own medical insurance or other arrangement on my behalf.

- ☺ Not signing this form will result in my child NOT being allowed to attend activities and/or field trips.
- ☺ This is the only form required annually regarding field trips and is inclusive.

I have read this release, understand all its terms, and execute it voluntarily and with full knowledge of its significance. In the event of an emergency, if I cannot be contacted, I hereby authorize that emergency treatment may be administered.

Student's Name _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Witness _____ Date _____

All information in this application will remain confidential.

OTHER APPLICABLE INFORMATION

CHURCH AFFILIATION(church family currently attends)

Church _____
Name Address Phone
Pastor _____ Are you a member? _____

DOMESTIC ORDERS

(If there is a court order prohibiting contact, a copy must be on file in the main office).

Is there anyone who poses a special threat to your child's safety? _____

Name _____

Please be advised: Without a court order, the school CANNOT prevent a biological parent from removing a child from the school.

PARENT(S) ACCEPTANCE SIGNATURE

I, as the parent or guardian of the student applicant, do certify the information provided herein and sincerely give my pledge to all areas included with this application. I understand that failure of the parent to comply with the established regulations and discipline, Parent Commitment, or failure to meet financial obligations will forfeit my child's privilege of attending Holy Temple Christian Academy.

Father/Guardian Signature and Date

Mother/Guardian Signature and Date

Witness Signature and Date

Holy Temple Christian Academy does not discriminate on the basis of race, color, national or ethnic origin or gender in administration of its educational policies, admissions policies, student aid programs, and other school-sponsored programs.

Office Use Only

- Application
- Registration
- Book/Supply Fee
- Tuition Contract
- Birth Certificate
- Soc. Sec. Card
- Immunization
- Physical
- Report Card

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