

## Impact Christian Academy Application Procedures

This application must be completed in its entirety by or on behalf of all students seeking admission to Impact Christian Academy. It should be filed, along with a non-refundable Application Fee of \$125 at the school office on the campus of ICA or mailed to:

**Admissions Office  
Impact Christian Academy  
8985 Lone Star Road  
Jacksonville, Florida 32211**

### Paperwork Needed:

#### 1. Completed Student Application with \$125 Application Fee

We would strongly encourage you to mail or deliver to us this completed Application and Application Fee to secure your student's grade level priority as soon as possible without waiting for the remaining paperwork from Teachers, Pastors, medical offices, and current school records to be received.

Parents are responsible for providing all the paperwork forms listed below to your student's current Teachers and Pastor, along with release requests for school and medical records/immunizations to the appropriate parties. You may either instruct these 3rd parties to mail the completed forms you give them directly to the school's Admissions Office address above or you may pick them up yourself and either deliver or mail them to us. **You are responsible to follow-up with all 3rd parties to confirm that they have provided the required information to us in a timely manner.**

While your student's grade level priority will be secured by our receipt of the Application and Application Fee, formal enrollment acceptance cannot be issued until we have received ALL of the required paperwork described below:

#### 2. School Records

For grades K5 – 9 submit educational and diagnostic testing, any standardized testing, current report card and report cards from the last two years (where applicable)

For 10th grade submit educational and diagnostic testing, any standardized testing, current report card and high school transcript

#### 3. Copy of Birth Certificate

#### 4. Health records: Immunization records

#### 5. Pastoral Questionnaire

#### 6. Teacher Recommendations

#### 7. Student or Family Photo

### After All Paperwork is Received:

1. **Testing:** The Admissions Office will contact you regarding testing.
2. **Interview:** Interviews are scheduled once the applicant's file is complete.
3. **Acceptance:** **Official acceptance is communicated to all families in writing.**

\_\_\_\_\_  
Date and Amount Received

# IMPACT CHRISTIAN ACADEMY STUDENT APPLICATION

PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY AND RETURN TO IMPACT CHRISTIAN ACADEMY ADMISSIONS OFFICE  
ALONG WITH A NON-REFUNDABLE APPLICATION FEE OF \$125.00.



## STUDENT INFORMATION:

Student's Name: \_\_\_\_\_  
Last First Middle

Student's Preferred Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Age: \_\_\_\_\_  
Social Security Number (required for 7<sup>th</sup>-12<sup>th</sup> grade)

Grade Applying For: \_\_\_\_\_ School Year Applying For: \_\_\_\_\_

### Student Lives With: (Check all that apply)

\_\_\_ Mother \_\_\_ Father \_\_\_ Stepmother \_\_\_ Stepfather \_\_\_ Grandparent \_\_\_ Other

If other, please give Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Legal Guardian Name(s): \_\_\_\_\_

### Race or Ethnic Race or Ethnic Origin:

White, not Hispanic origin \_\_\_ Black, not Hispanic origin \_\_\_ American Indian \_\_\_

Hispanic (Mexican, Puerto Rican, Cuban, Central or South American) \_\_\_

Asian or Pacific Islander (Japanese, Chinese, Filipino, Korean, Asian Indian, Vietnamese, Samoan) \_\_\_

Other, please explain: \_\_\_\_\_

Parents: \_\_\_ Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed

### Athletics/Activities applicant has participated in or is interested in: (Complete for 9-12 grade applicants only)

- |              |                  |                  |            |
|--------------|------------------|------------------|------------|
| Art          | Choir            | Golf             | Swimming   |
| Band         | Computer Science | Lacrosse         | Tennis     |
| Baseball     | Cross Country    | Service Projects | Track      |
| Basketball   | Drama            | Soccer           | Volleyball |
| Cheerleading | Football         | Softball         | Wrestling  |

**Impact Christian Academy is a ministry of Impact Church.**

### Non-Discriminatory Policy

Impact Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race, color, national or ethnic origin in administration of its education, admission policies, tuition assistance, athletics and other school administered programs.

**FATHER INFORMATION:**

Title: \_\_\_\_\_  
 (Mr. Dr. Rev. etc.) Last First M.I. (Jr., Sr., II, III)

Address: \_\_\_\_\_ Suite/Apartment \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

Profession: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

**MOTHER INFORMATION:**

Title: \_\_\_\_\_  
 (Dr., Mrs., Ms., Miss) Last First M.I. Maiden Name

Address: \_\_\_\_\_ Suite/Apartment \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

Profession: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

**SIBLINGS:**

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____

**STEPFATHER INFORMATION:**

Title: \_\_\_\_\_  
 (Mr. Dr. Rev. etc.) Last First M.I. (Jr., Sr., II, III)

Address: \_\_\_\_\_ Suite/Apartment \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

Profession: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

**STEPMOTHER INFORMATION:**

Title: \_\_\_\_\_  
 (Dr., Mrs., Ms., Miss) Last First M.I. Maiden Name

Address: \_\_\_\_\_ Suite/Apartment \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

Profession: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

**MATERNAL GRANDPARENT(S):**

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
 (Please include title, last name, and first name)

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

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

Emergency Contact: \_\_\_ Yes \_\_\_ No Contact Number: ( ) \_\_\_\_\_

**PATERNAL GRANDPARENT(S):**

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
 (Please include title, last name, and first name)

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

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

Emergency Contact: \_\_\_ Yes \_\_\_ No Contact Number: ( ) \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACT:**

Name: \_\_\_\_\_  
 (Please include Title, Last, First Name) (Relationship)

Address: \_\_\_\_\_ Suite/Apt. Number: \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**MEDICAL INFORMATION:**

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Any physical difficulties: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Does your child take any medication(s) on a regular basis? \_\_\_ Yes \_\_\_ No

If yes, name of medication: \_\_\_\_\_

**EDUCATION INFORMATION:**

List all schools student has attended, including Kindergarten:

Name of School	City, State	Grades
_____	_____	_____
_____	_____	_____

I/we hereby authorize ICA to obtain all scholastic information and files from all previous schools? Yes \_\_\_ No \_\_\_

Name and mailing address of most recent school:

\_\_\_\_\_

Has your student been retained previously in a grade? Yes \_\_\_ No \_\_\_ If yes, which grade? \_\_\_\_\_

Give a brief explanation of reason: \_\_\_\_\_

Has your student been suspended from any school or asked to leave? Yes \_\_\_ No \_\_\_

Give a brief explanation of reason: \_\_\_\_\_

Please describe the nature of any previous disciplinary problems, if any: \_\_\_\_\_

Has the applicant received special help for reading or learning difficulty? Yes \_\_\_ No \_\_\_

Has the applicant been diagnosed with ADD or ADHD? Yes \_\_\_ No \_\_\_

Has the applicant previously received or been evaluated for an IEP (Individual Education Plan)? Yes \_\_\_ No \_\_\_

**OTHER DATA:**

What church does your family attend? \_\_\_\_\_ Are you a member? Yes \_\_\_ No \_\_\_

Which most accurately describes your church attendance?

- \_\_\_\_\_ Active in the church
- \_\_\_\_\_ Attend occasionally
- \_\_\_\_\_ Do not attend more than a few times a year
- \_\_\_\_\_ Children attend Sunday School

Do you consider your home a Christian home? Yes \_\_\_ No \_\_\_

Explain briefly why you desire a Christian education for your child? \_\_\_\_\_

What are your expectations of Impact Christian Academy for your child? \_\_\_\_\_

How did you find out about Impact Christian Academy? \_\_\_\_\_

**TERMS AND CONDITIONS:**

Applications are made to the governing authority of Impact Christian Academy which reserves the right to accept or reject any application.

The school has policies designed to meet a reasonable standard of care for students who become ill or have an emergency situation at school. Parents are required to sign a medical release form each year allowing emergency medical care to be obtained in the case that parents cannot be reached.

School policies are subject to change. Information on current policies will be made available at Parent orientation meetings prior to enrollment.

Parents/Legal Guardians agree that their student(s) will receive instruction in the Christian faith and understand that the school will endeavor to be guided by a biblical worldview in all of its programs and activities.

The school’s Schedule of Charges provides information about financial terms and obligations. It is updated annually. Students are enrolled for the entire school year and the parent or guardian is responsible for the annual tuition upon accepting signing the enrollment agreement.

A non-refundable \$125.00 application fee must be submitted with this Student Application.

**PARENT OR GUARDIAN AGREEMENT:**

I hereby certify that I have read this Student Application, including the Terms and Conditions section. I do agree with the Terms and Conditions stated herein and furthermore, if admitted to ICA, pledge to work with staff, administration and faculty to assist and cooperate with the school in the Christian education of my/our child.

Parent/Guardian signature: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

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