

Application for Admission



CHRISTIAN ACADEMY

DOING SCHOOL DIFFERENTLY

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.**

Admissions Policy



It is our goal at Impact Christian Academy to provide a solid educational foundation, built on the principles of the Bible. In order to promote a positive learning environment for every student, we must consider the following:

1. The child should have an eagerness or desire to attend the school. A positive outlook toward the school fosters a more successful educational experience.
2. Support of staff and administration by the parents/guardians is a vital element of our school's success with each child. The parents should demonstrate their support of the school by reinforcing the teachers' expectations, by participation in the school programs and fundraisers, and by following the rules outlined in the Student/Parent Handbook.
3. In addition to the application, the parents are required to provide copies of the student's report card for the last two years, school conduct report/school discipline summary, standardized test results, any psycho-educational testing, a pastor's recommendation (grades 6-12), and if applicable, a current Individualized Education Plan (I.E.P.).
4. **ADMISSION TESTING** may be conducted to assess the child's educational level and his/her ability to assimilate with ICA's curriculum and expectations. Students in grades 6-12 may also be asked to write a short essay after being given a prompt. The student will be tested according to the grade level he/she has just completed.

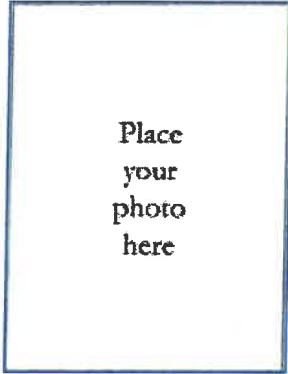
Parents will be notified by letter of the results of the diagnostic screening. The child should score at least 70% overall on both reading and math (students entering grades 9-12 are only tested in reading and writing, as various levels of math courses are offered at the high school level). In the event a child is not accepted as the result of his/her failure to meet the testing criteria, any prepaid fees will be refunded.

5. All students entering grades 6th - 12th, will be required to have a family interview with the high school principal before being admitted to Impact.
6. K5 students must be 5 years old on or before September 1 in order to enter kindergarten.

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 7th-12th 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? _____

Statement of Health History



Name of Child: _____ Age: _____ Grade: _____

Address: _____ Phone: _____

Is there any information we should have regarding the welfare of your child, such as handicaps, health restrictions, diets etc.?

No Yes If yes, please explain: _____

Is there any activity you do not want your child to participate in?

No Yes If yes, please explain: _____

What childhood diseases has your child had?

Measles Polio Chicken Pox Scarlet Fever Other (Please Explain) _____

Please check which immunizations your child has received:

Diphtheria Year _____ Whooping Cough Year _____ Tetanus Toxoid Year _____

Does your child have a history of any of the following physical conditions?

Heart Trouble Asthma Ear Trouble Hernia Skin Trouble Allergies

Lung Trouble Other (Please state nature of the impairment.) _____

Are there any medications that your child is allergic to?

No Yes If yes, please explain: _____

Does your child take any medications for allergies or medical conditions on a regular basis?

No Yes If yes, please list the current medications your child is taking, and their purpose:

If your child has any changes in his/her medication history, please advise the school administrator immediately.

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: _____

IMPACT CHRISTIAN ACADEMY - TEACHER RECOMMENDATION

Dear Teaching Professional,

The student referenced in the email is applying for admission to Impact Christian Academy. Your evaluation of the student is an invaluable tool in the admissions process. Our applicant's file is not complete without your help in the completion of this form.

Thank you in advance for your time and comments.

Please provide the following information:

Student's Full Name: _____

Student's Current Grade: _____

Indicate your preference: This information may or may not be shared with parents:
May be shared with parents _____ May not be shared parents _____

Circle the response that best describes the family of the student:

Supports Student:	Exceptional	Above Average	Average	Poor	Fair
Supports School:	Exceptional	Above Average	Average	Poor	Fair

Circle the response that best describes these personal attributes of the student:

Peer Relationships:	Exceptional	Above Average	Average	Poor	Fair
Respect for Authority:	Exceptional	Above Average	Average	Poor	Fair
Responsibility:	Exceptional	Above Average	Average	Poor	Fair
Creativity:	Exceptional	Above Average	Average	Poor	Fair
Conduct:	Exceptional	Above Average	Average	Poor	Fair
Interest in Non-Academic Activities:	Exceptional	Above Average	Average	Poor	Fair
Leadership:	Exceptional	Above Average	Average	Poor	Fair

Circle the response that best describes the study skills of the student:

Effort:	Exceptional	Above Average	Average	Fair	Poor
Assignments Completed on Time:	Exceptional	Above Average	Average	Fair	Poor
Works Well Independently:	Exceptional	Above Average	Average	Fair	Poor
Attention Span:	Exceptional	Above Average	Average	Fair	Poor
Comments:	_____				

Choose the response that best describes the academic performance of the student:

Problem Solving:	Exceptional	Above Average	Average	Fair	Poor
Procedure:	Exceptional	Above Average	Average	Fair	Poor
General Knowledge:	Exceptional	Above Average	Average	Fair	Poor
Comments:	_____				

Choose the response that describes the student in regards to:

Health:	Exceptional	Above Average	Average	Fair	Poor
Attendance:	Exceptional	Above Average	Average	Fair	Poor

Would you recommend this student for honors level coursework? Yes No

If yes, which subjects: _____

Is this student eligible for the following:

Passing to the next grade: Yes No

Returning to your school: Yes No

How long have you personally know this student? _____

Does student have any significant limitations (physical, social, mental, emotional)?

Yes No

If yes, please explain: _____

Has the student received or receiving outside support? Yes No

If yes, please explain: _____

Has outside support been suggested to the parents? Yes No

If yes, please explain: _____

Are you aware of any circumstances that may affect the student's success in school?

Yes No

If yes, please explain: _____

Has the student been sent to the office for disciplinary problems? Yes No

If yes, please explain: _____

Please provide the following to serve as your electronic signature:

Name: _____
Signature: _____ Date: _____
Your Position: _____
Email: _____
Name of School: _____
Address: _____
City, State, Zip: _____
Phone: _____
Date Completed: _____

If you have any additional comments, please feel free to share: _____

Thank you again for your assistance. Your input is extremely appreciated.

**Impact Christian Academy
8985 Lone Star Road
Jacksonville, Florida 32211
Phone: (904) 652-1441**

ACKNOWLEDGEMENT AND PLEDGE OF COOPERATION FORM

Student's Name _____ **Grade** _____

The purpose of the *Parent/Student Handbook* is to help your son/daughter gain the greatest possible benefit from his/her education.

I know that the *Parent/Student Handbook* contains a list of rules for students' behavior at school. I understand that it is my responsibility to learn what those rules are, and to know what will happen if I break a rule. I understand that Impact Christian Academy reserves the right to dismiss any student who does not cooperate with any phase of the educational program or whose attitudes and actions are not in harmony with the aims and ideals of ICA. • By signing this pledge, I agree to abide by the policies of ICA, and I understand that enrollment in ICA is subject to all terms and conditions of this handbook.

In preparing our students for the 21st Century each Impact Christian Academy student will be assigned a computer network login that will provide the student with access to the internet. Unless a parent has signed the "Internet Opt-Out" form, each student will be given access to the ICA network and Internet.

I have read and reviewed the Guidelines for Safe and Acceptable Use of the Computers and the Internet. Please stress to your child the importance of using only his or her account password, and of keeping it a secret from other students. Your child is responsible for all activity that happens in his/her account. We also reserve the right to access and review any files or other electronic information stored on ICA network servers. With this permission, you and your child waive copyright on any material posted on the ICA network and website. ICA currently uses an Internet filtering and monitoring system, but be aware, however, that there is inappropriate and controversial material on the Internet that your child might still access.

When a student is assigned ICA property such as textbooks, athletic equipment, or computer equipment, they are required to exercise reasonable care to protect against its loss or damage. In the event ICA property is lost or damaged while in the care of a student, the student's parent/guardian will be financially responsible for reimbursing ICA the reasonable cost of repair or replacement of the item.

Impact Christian Academy publishes a variety of information about our school on a portion of the Internet known as the World Wide Web. From time to time we may wish to include your child's work (stories, poems, reports) and/or photo on our web site, bulletin boards, newsletters, fliers or other forms of communication. No last names are used under elementary student work. No names will be placed under photos. Student photos will only be used generically. No identifying marks or physical characteristics, clothing, or other articles bearing a student's name or any other means by which a student can be identified will be photographed. No other personal information about the student, such as e-mail address, phone number, or home address will be published on the Web, bulletin boards, newsletters, fliers or other forms of communication. Our School will also videotape and will occasionally use portions of video for educational purposes.

***Please initial one:**

_____ I consent to my child's work, photo, and video or name being used in any digital communication form as described above.

_____ I do not give consent to my child's work, photo, or name being used in any digital communication form as described above.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

Note: Failure to return this acknowledgement form will not relieve a student or the parent/guardian of the student from responsibility for knowledge or non-compliance of the contents of the *Parent/Student Handbook* and Internet Use Policy.

Parental Internet Opt-Out Form*

In preparing our students for the 21st Century, Impact Christian Academy students will be assigned a computer network login that will provide the student with access to the internet. Unless a parent has signed this "Internet Opt-Out" form, each student will be given access to the Internet. The proper use of the Internet provides opportunities for research, learning, and web based educational programs. **Some enrichment and curriculum resources programs are only accessible through the Internet including some specific intervention and grade recovery programs.**

The purpose of this form is to give you the opportunity to choose not to allow use of the Internet by your son or daughter. If you **DO NOT** want your child to access the Internet while at school, please fill out and sign this form and return it to your child's school. If, at any time during the school year, you would like to rescind your decision and change your permission, you must let the school know in writing.

I understand that this means my child will NOT have access to the online research resources, and online intervention, enrichment and curriculum resources, this may limit the classes your child can participate in.

I hereby release Impact Christian Academy, its personnel, and any institution with which it is affiliated, from any and all claims and damages of any nature arising from my child's inability to use the Internet, including, but not limited to, claims that may arise from the unauthorized use of.

I will emphasize to my child that they are not authorized to use the Internet at school and they will not use a computer that is logged in by anyone else or use another student's logon to access the Internet. Their network account will be blocked from accessing the Internet but this is not a complete guarantee that your student will not come into contact with the Internet while at school.

Student Name (please print)

As the parent or guardian of this student, I request that my child **NOT** be given access to the Internet through his/her school network login.

Parent name (please print)

Parent signature

Date

***Return this form if you do not want your child to use the internet.**

Church Recommendation Form



Please complete the top portion for your family and give to your pastor or church office to return to Impact Christian Academy.

Church Name: _____ Date: _____

Parent's Names: _____ Phone: _____

Address: _____

Name(s) & Grade(s) of Children: _____

Pastor's Name: _____

Our family affirms our commitment to the above named church by attending weekly:

Morning Worship Sunday School Small Groups Youth Group

Please check or list ministries that your family members participate in.

Teacher Mission Trips Church Officer Youth Group Visitation Nursery Office Assistance
 Drive Bus or Van Usher Parking Music Ministry Church Work Day Other

Does your family attend worship services weekly, 70% of the time? Yes No

Church Office Use Only

Dear Pastor,

This student named below is a candidate for admissions to Impact Christian Academy. Your honest assessment of this student will be held in complete confidence and will only be used for the purposes of admission and placement. It will not be available to the applicant or parents. Please complete this form and return it to the Admissions Office of Impact Christian Academy. We appreciate your insight. In order to ensure that we receive the most accurate assessment of the student, please complete this reference form and return it to the Office of Admissions at the above address or fax.

Student's Name: _____ Date: _____

School: _____

Address: _____ City: _____ State: _____ Zip: _____

Number of years the student has been enrolled in this school: _____ Number of years you have known the applicant: _____

I would like to discuss this family personally rather than complete this form.

Family participation is: Exceptional Good Average Needs Improvement Unsatisfactory Not Known

Parents are members in good standing?: Yes No If no, are they under church discipline?: Yes No

Years of acquaintance: _____

Form Completed by: _____ Position: _____ Phone: _____

Parent/Legal Guardian's Signature: _____ Phone: _____ Date: _____

Call 904-652-1441 with questions. Thank you for your time. Please send this completed form to:
Impact Christian Academy, 8985 Lone Star Road, Jacksonville, FL 32211, Attention: Admissions Office

Student/Parent Pledge of Cooperation & Uniform Policy Acknowledgement



I understand that Impact Christian Academy reserves the right to dismiss any student who does not cooperate with any aspect of the educational program or whose attitude and/or actions are not in harmony with the aims and ideals of Impact. By signing this pledge, I agree to abide by the policies of Impact Christian Academy and I understand that my continued enrollment is contingent upon my compliance with all the stated policies in the Student/Parent Handbook.

I have also read and understand the uniform policy in effect for students of Impact Christian Academy, including the stipulation that all uniforms must be purchased from Approved Vendor Only. I am aware that if my child arrives at school out of compliance with school policy that I may be called to come to the school and bring acceptable attire for my child. I further understand that my child will remain in the school office until I arrive. (Note: please be aware that dress code infractions may go unnoticed upon occasion. Action will be taken promptly to enforce the policy when violations are observed.)

Student's Name: _____

Student's Signature: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

Photo Release Permission Slip



As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

Yes, I give consent for Impact Christian Academy to photograph my child for school purposes and/or at school events.

No, I do not authorize Impact Christian Academy to photograph for my child for any event.

Parent Signature: _____ Date: _____

Student's Name: _____



Impact Christian Academy
8985 Lone Star Road
Jacksonville, FL 32211

Phone: 904-652-1441
Fax: 904-652-1442