

STUDENT APPLICATION

K4, K5, 1st - 12th Grades

Upper Cumberland Christian Academy
850 County House Road
Livingston, TN 38570
(931) 823-7170

OFFICE USE ONLY:

Application Received /Date: _____
Accepted/Date: _____
Waiting List/Date: _____
Rejected/Date: _____

Reg. Fee Received/Date: _____
Interviewed/Date: _____
Medical Report Received/Date: _____
UCCA Registrar: _____

PLEASE PRINT OR TYPE:

CHILD'S FULL NAME: _____ SEX: male female
ADDRESS: _____ S.S. #: _____/_____/_____
AGE: _____ BIRTHDAY: _____/_____/_____
PHONE #: _____
BIRTHPLACE: CITY: _____ STATE: _____ COUNTY: _____
 LIVES WITH BOTH PARENTS LIVES WITH ONE PARENT: MOTHER FATHER GRANDPARENT(S)
OTHER: (Please specify) _____

NAMES AND AGES OF BROTHERS AND SISTERS: _____, AGE: _____
_____, AGE: _____
_____, AGE: _____
_____, AGE: _____

FATHER'S FULL NAME: _____ OCCUPATION: _____
PLACE OF EMPLOYMENT: _____
EMPLOYMENT ADDRESS: _____ PHONE#: _____
MOTHER'S FULL NAME: _____ OCCUPATION: _____
PLACE OF EMPLOYMENT: _____
EMPLOYMENT ADDRESS: _____ PHONE#: _____
EMAIL ADDRESS: _____

WHO SHOULD BE CONTACTED DURING THE DAY IN THE CASE OF AN EMERGENCY?

_____, PHONE#: _____
_____, PHONE#: _____

CHURCH ATTENDANCE: Where does your family attend church? _____

LIST DISEASES CHILD HAS HAD: _____

LIST ANY ALLERGIES: _____

LIST ANY PHYSICAL, EMOTIONAL, OR MENTAL CONDITIONS THAT THE SCHOOL SHOULD KNOW IN ORDER TO BETTER UNDERSTAND YOUR CHILD: _____

WE DESIRE TO ENROLL THIS CHILD IN THIS SCHOOL BECAUSE: _____

(Please turn over and complete PAGE 2 of this application)

In making application to UCCA I understand that:

1. Because of limited enrollment and a very challenging economy, it is hereby understood that the parents/guardians will pay tuition as agreed upon with the school office. Report cards will be held if the account becomes delinquent during any grading period or if satisfactory arrangements have not been made with the school. A \$20.00 service charge will be added if payment becomes 10 days past due. Any account is delinquent after thirty (30) days. If all delinquent payments have not been paid in full and brought up to date after a total of forty-five (45) days have elapsed, the student may be suspended until payment has been made. No refunds will be made for fees such as books, registration, insurance, etc. and for any tuition for less than a month. Permanent records will be held until all tuition and fees are paid.
2. Since fees do not cover the actual cost of educating our child, we recognize that our participation is needed in prayer, service, and gifts in order to properly share in this training.
3. In full cooperation with the school, we will attend any Parent –Teacher Conference meetings recommended. We sincerely pledge our loyalty to the aims and ideals of the school and will bring any and all questions and criticism directly to the administration so that they may be properly considered by those in authority.
4. The teacher and administrator are hereby given full discretion in the discipline of our child or children. This would include the issuing of detention, suspension, corporal punishment requests, and expulsion from the school program. Detention may be used before or after school for various offences and transportation will be fully the parent’s responsibility. Parents will be notified of each detention.
5. The school reserves the right to dismiss any student who does not cooperate with the educational process. If a student is dismissed for any reason the tuition will be pro-rated on a monthly basis for that period of time that the child is in school.
6. This statement of cooperation may not be voided except by the approval of the school.

In making application for my child, it is my desire to have him attend the school year 2_____ - 2_____. It is also my understanding that the policy for the school is to make no refund on registration fees. I also give permission for my child to take part in all school activities including sports and school sponsored trips away from the school premises and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. If the school is unable to reach me, I hereby authorize the school to call my physician and to follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

Agape Worship Center and Upper Cumberland Christian Academy shall not discriminate against members, employees, applicants, students, and others on the basis of race, color, national or ethnic origin. It does not discriminate in administration of its membership policies, employment practices, educational policies, admission policies, scholarship programs and athletic and other church or school administered programs based on these factors. All rights, privileges, programs, and activities are generally accorded or made available to all parties as described in the Upper Cumberland Christian Academy Handbook.

SIGNATURE OF BOTH PARENTS PREFERRED, ONE WILL BE ACCEPTED:

Father: _____
(or Guardian)

Mother: _____
(or Guardian)

Date: _____

Date: _____

YOUR APPLICATION FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION TO INSURE CONSIDERATION FOR YOUR CHILD’S ENROLLMENT. NO APPLICATION FEE WILL BE REFUNDED.

PHYSICIAN’S NAME: _____ PHONE #: _____

DENTIST’S NAME: _____ PHONE #: _____

STUDENT RECORD RELEASE

UPPER CUMBERLAND CHRISTIAN ACADEMY

Date _____/_____/_____

To Releasing School Counselor:

School Name

School Address

City

State

Zip Code

Dear Counselor:

My child(ren) has (have) been withdrawn from your school. Please release their academic and health records to the following school. Thank you.

<p><u>Accepting School</u></p> <p>UPPER CUMBERLAND CHRISTIAN ACADEMY</p> <p>850 County House RD Livingston, TN 38570</p>

Students' Name(s)
(Last name first)

Age

Grade level at
time of withdrawal

Signature of Requesting Parent/Guardian

Signature of Receiving Principal

Upper Cumberland Christian Academy

850 County House Road

Livingston, TN 38570 (931) 823-7170

K4-Grade 12

Serving Overton, Pickett, Putnam, Clay, Jackson and Fentress Counties

PARENT/GUARDIAN AUTHORIZATION FOR SCHOOL REFERENCE

Applicant's Name _____ Seeking Admission to Grade _____

My child, _____, is an applicant for admission to Upper Cumberland Christian Academy. I am requesting that this confidential reference form be completed and mailed to: Admissions, Upper Cumberland Christian Academy, 850 County House RD, Livingston, TN 38570 to the attention of Brother Scott Smith. I understand that I will not have access to this information.

Parent/Guardian Signature Date

SCHOOL REFERENCE

Form to be completed by a current (if applicable) or recent Principal, Guidance Counselor, or Teacher

How long have you known the applicant? _____
Does the applicant come from a Christian home? _____
Does the applicant come from a well disciplined-supportive home? _____
Is applicant inclined to receive instruction? _____
Yield to discipline? _____
Work well with others? _____
What are his/her strengths and weaknesses? _____

To your knowledge, has the applicant had any history of physical, mental, emotional, or social problems? _____
Serious conduct problems? _____
If yes to either of the above, please explain. _____

Please describe the parents of this child by checking one or more of the following:
_____ obstructive _____ apathetic _____ cooperative _____ interested
_____ very involved _____ do not know
Has applicant ever been suspended? _____yes _____no expelled? _____yes _____no
Asked to withdraw? _____yes _____no
If yes, please explain. _____

Have you ever known applicant to use _____ alcohol? _____ tobacco? _____ drugs?
Have you observed anything that would be questionable about applicant's moral life? _____
If yes, please explain. _____

Student EMERGENCY CONTACT AND AUTHORIZED PICKUP Information

Parent/Guardian Name(s) _____
Address _____ (include city, zip code)
Telephone _____ (Home) _____ (Cell) _____ (Other)
Student Name(s) _____ (all students in your family)

Emergency Contact _____ (Name)
_____ (Address, City, State)
_____ (Phone #'s)
_____ (Relationship)

Second Emergency Contact _____ (Name)
_____ (Address, City, State)
_____ (Phone #'s)
_____ (Relationship)

Person(s) Authorized to pick up Children

IF YOU INTEND FOR SOMEONE OTHER THAN LEGAL PARENTS OR GUARDIANS TO PICK UP YOUR CHILDREN, A PICTURE OF EACH OF THESE OTHER AUTHORIZED PEOPLE MUST BE ATTACHED TO THIS FORM.

Name _____ Phone #'s _____ <i>Picture ID (can be copy of driver's license):</i>	Name _____ Phone #'s _____ <i>Picture ID (can be copy of driver's license):</i>
Name _____ Phone #'s _____ <i>Picture ID (can be copy of driver's license):</i>	Name _____ Phone #'s _____ <i>Picture ID (can be copy of driver's license):</i>

Father/Guardian Signature

Mother/Guardian Signature

MEDICAL INFORMATION

I am notifying UCCA of the following medical information for my child _____
_____. Please complete a separate "Medical Information" form for each child.

***I understand that if my child has a fever of 101° or more, or is vomiting, I will be notified to pick him/her up from school immediately.

***I also understand that UCCA does not keep medications on hand for student use. If my child(ren) need medicine of any kind, including but not limited to over-the-counter medicines for headaches, stomach aches, nausea, etc., I will need to deliver that medicine to the school office with a note detailing instructions for when to give and dosages. UCCA will not provide medicine for students.

• **Should UCCA Staff Administer General First Aid?** Yes No

• **Please list any allergies your child may have to foods, medications, insects, etc.**

• **Any health concerns UCCA needs to be aware of:**

Parent/Guardian Signature

Date

Permission for Student Participation in Events and Travel

_____ has(have) my permission
(Name(s) of minor child(ren))

to attend field trips and off-campus activities throughout the school year. I will be notified of trips and fees at least one week in advance. I understand that Upper Cumberland Christian Academy will not be liable for any accidents. I also give permission for my child to receive any necessary emergency treatment, medical or otherwise, in the case of an emergency.

Parent/Guardian Signature

Date

**PERMISSION TO PARTICIPATE IN PHYSICAL FITNESS
TO INCLUDE BUT NOT LIMITED TO SPORTS/CHEERLEADING
Upper Cumberland Christian Academy
Livingston, TN**

The undersigned _____, referred to as the parent(s)
(Name(s) of Parent(s)/Guardian(s))

or lawful guardian(s) of _____,
(Name(s) of minor child(ren))

acknowledges that said minor(s) is(are) authorized to participate and engage in all activities to include but not limited to basketball, volleyball, and/ or cheerleading incident thereto.

Parent hereby appoints AGAPE WORSHIP CENTER/UPPER CUMBERLAND CHRISTIAN ACADEMY,

as loco parentis, and is to render such emergency medical care to _____
(Name(s) of minor child(ren))

_____ as could be undertaken and the parent hereby releases said AGAPE WORSHIP CENTER/UPPER CUMBERLAND CHRISTIAN ACADEMY and its agents and employees from any and all acts taken in good faith during these activities.

Signed this _____ day of _____, 20_____

Additional Items Required for Enrollment

NOTE TO PARENTS/GUARDIANS: To complete application for the enrollment of your student(s) please include the following documentation when you submit your paperwork:

- Record from your child(ren)'s physician of up-to-date immunizations/vaccinations
- Photocopy of your child(ren)'s birth certificate(s)
- Photocopy of your child(ren)'s social security card(s)
- Photocopy of all applicable insurance cards for your child(ren)
- Photocopy of last page of handbook with all signatures and other info completed
- Library permission form

PLEASE BE AWARE OF THE FOLLOWING:

- Both pages of the Student Application form (page 5) are to be completed
- Photocopies may be made in the school office at no charge