



# Indiana Christian Academy Student Enrollment Application

## Personal Information

Student's Full Name (Last name, First Name and Middle) \_\_\_\_\_ Age \_\_\_\_\_ Grade Applying For \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_)\_\_\_\_-\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Home Phone Father's Work Phone Father's Cell Phone

(\_\_\_\_)\_\_\_\_-\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ \_\_\_\_\_  
Mother's Work Phone Mother's Cell Phone Email address

Boy  Girl  \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_  
Date of Birth Birth City Birth State

Father's Employment \_\_\_\_\_ Position \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Position \_\_\_\_\_

Guardian Parent:  Father & Mother  Mother  Father

Marital Status:  Married  Divorced  Remarried  Single

Persons authorized to take your child from school \_\_\_\_\_

## Christian History Information

\_\_\_\_\_  
Name of Church You Are Currently Attending Years Attended Pastor's Name

\_\_\_\_\_  
Denomination Affiliation (\_\_\_\_)\_\_\_\_-\_\_\_\_ Church's Phone Number Church/Pastor's Email

Does your child understand salvation? \_\_\_\_\_ Have they trusted Christ for their salvation? \_\_\_\_\_

### School History Information – New Applicants Only

School last attended \_\_\_\_\_  
School Name Street address City State Zip

Reason for Changing School \_\_\_\_\_

Are you coming to ICA based on someone's recommendation \_\_\_\_\_ If so, who \_\_\_\_\_

Has child repeated any grade?  Yes  No If yes, indicate grade: \_\_\_\_\_

Has child ever been expelled, dropped, or suspended by any school?  Yes  No

## Statement of Cooperation

I understand that my child's attendance at Indiana Christian Academy is a privilege and not a right; and that if at any time his/her conduct, academic progress, or cooperation with the school's authorities is not in keeping with the school's requirements, the school reserves the right to terminate at its discretion my child's enrollment.

I give permission for my child to take part in all school activities including sports programs and school-sponsored trips away from the school premises. I absolve the school from all liability in the event my child is injured at school or during any school activity. I agree with the school's efforts to train my child in the Bible and will encourage my child in this and in all other phases of the curriculum.

I pledge not to interfere with the school in its efforts to administer discipline to my child in accordance with the standards the school sets for itself.

I further agree, to the best of my ability, that the information above is accurate and without error.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

## Medical Information

In an emergency, when we are unable to contact you at your home or work number, are there relatives or friends that we may call?

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Please list the physician who should be contacted in case of emergency:

Physicians Name \_\_\_\_\_ City \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Please list any allergies \_\_\_\_\_

## Statement of Financial Responsibility

I understand that I am responsible for all tuition and fees, as well as miscellaneous charges, that accrue on the above student's account. Payments are due at the first of the month beginning in the month of August and ending after the May payment. The tuition amount will be spread out over that ten-month span for your convenience. Tuition payments may be made at the beginning of each semester for the entire semester or at the beginning of the year for the entire year. Discounts are available with these options.

\_\_\_\_\_  
Signature of person assuming responsibility

\_\_\_\_\_  
Date

### For Office Use Only

\_\_\_ Registration Fee  
\_\_\_ Testing/Test Scores  
\_\_\_ Transcripts  
\_\_\_ Recommendation

\_\_\_ Health Sheets (K5, 6)  
\_\_\_ Signatures  
\_\_\_ Interview