

Is your child Left or Right handed? _____

OFFICE USE ONLY DATE RECEIVED _____
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**ADMISSIONS APPLICATION
UNION CHRISTIAN ACADEMY**

110 W Hill Street, Farmerville, LA 71241 -- (318) 368-8890 Phone (318) 368-2920 FAX

APPLICATIONS MUST BE COMPLETED IN FULL TO BE CONSIDERED FOR ENROLLMENT

STUDENT INFORMATION			
Name of Student: (Last)		(First)	(Middle)
Street Address/Apt. No:		Home #:	
City/State:	Zip:	Cell #:	
Date of Birth	Place of Birth City _____ State _____	Gender ___ Male ___ Female	Race ___ Asian ___ Hispanic ___ Native American ___ Black ___ White ___ Bi-racial
With Whom Does the Student Live	School Year Admission Desired/Student Grade	Social Security Number	
<p>Has the applicant been diagnosed with or suspected of having ADD or any other learning difficulties? Specify any treatment such as medications. Specify any other physical, mental, or emotional conditions of which the school be aware. (Note: UCA seeks this information solely to determine whether the school can provide the applicant with an appropriate education or reasonable accommodations.)</p>			
<p>Will student be riding the School Bus? () Yes () No List persons & phone numbers who can pick up your child from school:</p>			
Emergency Contacts including phone numbers:			
Student's Physician:		Phone Number:	
Names and grades of other children currently attending our school:			
PARENT OR LEGAL GUARDIAN INFORMATION: (One must be the parent or legal guardian with whom the student lives)			
Father/Legal Guardian (Relationship) _____		Mother/Legal Guardian (Relationship) _____	
Name (Last, First, Middle Name)		Name (Last, First, Middle Name)	
Marital Status: ___ Single ___ Married ___ Divorced ___ Remarried ___ Separated ___ Widowed		Marital Status: ___ Single ___ Married ___ Divorced ___ Remarried ___ Separated ___ Widowed	
Address: (If other than student's): Street/Apt. No: City/State/Zip:		Address: (If other than student's): Street/Apt. No: City/State/Zip:	
Home Number: ()	Cell Number: ()	Home Number: ()	Cell Number: ()
Email Address:		Email Address:	
Employer		Employer	
Employer's Address:		Employer's Address:	
Work Number: ()		Work Number: ()	
Name of person(s) responsible for all fees and tuition?:		Name of person(s) who recommended Union Christian?:	

*******(CONTINUE ON BACK)*******

GRANDPARENT INFORMATION:

Name of Living Grandparents (Paternal)		Name of Living Grandparents (Maternal)	
Street Address/Apt. No.		Street Address/Apt. No.	
City/State:	Zip:	City/State:	Zip:
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Email Address:		Email Address:	

ACADEMIC DATA:

School Last (or currently) Attended:		Address: (City/State/Zip)	
Last (or current) Grade Completed:	Name of Principal:	Name of Counselor/Teacher	
List in order other schools attended	Address (City, State, Zip)	Dates Attended	Grade

Has the student had problems in school with regard to:

___ Social Adjustment ___ Discipline ___ Poor Scholarship ___ Other Areas

Why are you seeking Christian Education for this student?

CHURCH INFORMATION:

Name of Church:	Pastor:
Address:	
City/State/Zip	(Area Code) Telephone:

In what ways are you actively involved in your church?

Father: ___ Member ___ Regular Attendance ___ Bible Study ___ Teaching ___ Other _____
 Mother: ___ Member ___ Regular Attendance ___ Bible Study ___ Teaching ___ Other _____
 Applicant: ___ Member ___ Regular Attendance ___ Bible Study ___ Sunday School ___ Other _____

WAIVER

I hereby grant Union Christian Academy the right to use and reproduce my child's image for the purpose of promotional or public relation materials designed exclusively for Union Christian Academy. () Yes () No

Signature of Parent or Guardian _____ Date: _____
 (Only one Signature required)

Agreement

Upon acceptance of the student described above, I hereby agree to accept and abide by all rules and regulations of the school and will support and uphold school policies including such disciplinary measures as may be deemed necessary and proper by the Administration. I agree to pay tuition and such fees as are charged according to the current tuition and fee schedule. It is understood that this is an application only and that space will not be reserved for our child until the enrollment process is completed and the registration fee is paid. (Registration fees are non-transferrable and non-refundable.)

Father's Signature _____ Date: _____

Mother's Signature _____ Date: _____

(Both Signatures Required)

To serve the best interest of the school, the Administration reserves the right to deny admission to any student who is evaluated as ineligible. Union Christian Academy's biblical role is to work in conjunction with the home to mold students to become Christ-like. On occasion, the atmosphere or conduct within a particular home may be contradictory to the biblical lifestyle and teachings reinforced by the school. This atmosphere may include, but is not limited to, sexual immorality, homosexual orientation, use of illegal drugs and alcohol abuse, or inability to support the moral principles of the school. In such cases, the school reserves the right, within its discretion, to refuse admission of an applicant or to discontinue enrollment of a student.

NONDISCRIMINATORY STUDENT POLICY

Union Christian Academy admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies and athletic and other school administered programs.