



IRONWOOD CHRISTIAN ACADEMY

EDUCATION THAT MATTERS THE MOST FOR THOSE WHO WANT THE BEST

APPLICATION FOR ADMISSION AND REGISTRATION INFORMATION

Student Information

Student's name _____ Nickname (if used) _____

Any other name under which the child has attended school _____ Boy Girl

Street address _____ City/State _____ Zip _____

Mailing address (if different) _____ City/State _____ Zip _____

Phone (____) _____ Birthdate _____ Birthplace _____

Age _____ Grade last attended _____ Any grade repeated _____ Applying to enter grade _____

Last school attended _____ E-mail address _____

School mailing address _____ City/State _____ Zip _____

Has child had any disciplinary difficulties in school? ____ If so, please explain: _____

Grades have been: Superior Above Average Average Below Average

Church you and your children attend _____

Do you attend most of the time? Yes No Pastor's name and phone number _____

Reason for selecting this school _____

School recommended by _____

Parent Information (Write "Same" if same as child's.)

Father/Guardian _____ Mother/Guardian _____

Name _____ Name _____

Address _____ Address _____

City/State _____ Zip _____ City/State _____ Zip _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Address _____ Address _____

Phone (____) _____ Phone (____) _____

Regarding the custody of your child, is there in effect any court order limiting the presence of or removal of child by any person or persons during school hours? _____ If yes, a certified copy of the court order of final judgment must be filed with the school office.

Parents' Agreement—Please answer "yes" or "no"

Father Mother

Statement

- _____ _____ I am familiar with the *Parent-Student Handbook* and support the goals and objectives of the Academy, as well as the code of conduct and dress regulations. I agree to see that my child adheres to them. I also agree to support and uphold the high academic standards, principles, and practices of Ironwood Christian Academy in every way. I agree that if a problem arises, I will go immediately and directly to the teacher or principal and discuss the problem.
- _____ _____ I give permission to the school authorities to discipline my child as they deem necessary, in accordance with the school policy, and will come to the school myself to administer the discipline personally, as the school requests, in order to support its policies and personnel as they work with my child.
- _____ _____ I give permission for my child to take part in all school activities, including school-sponsored trips away from the school premises. I further agree to hold the school and its agents (or any guardian or its agents) harmless for any liability to my child (or any parent or guardian thereof) because of any claims on behalf of my child because of any injury or alleged injury to my child.
- _____ _____ I have read the financial policies outlined in the *Parent-Student Handbook* and any supplement information and agree to be bound by them. I plan to pay my child's tuition annually per semester monthly.
- _____ _____ I agree to read and follow through with notes and signed homework and tests that require the student to finish properly at home and return to school. In the case of infractions and tallies, I agree to deal with the matter at home so the behavior can be corrected as soon as possible.
- _____ _____ I agree to attend any parent-teacher conferences or any other meetings requested by the school.
- _____ _____ I agree, if I have secondary students, to permit them to work off their detention infractions in a supervised detention session at the rate of one hour per infraction and to provide the extra transportation necessary for my child to work off his detention.
- _____ _____ I consent to the release of limited information as outlined in the paragraph below.
By law, the school may not release information or records concerning your child to non-educational organizations or individuals without your consent. Often other parents will ask for phone numbers or addresses for parties or carpools. By initializing this release, you are giving consent for the school to release to the press information about artistic and academic achievements, to use student photos and achievements for promotional material and website information, and to publish a family phone list for school families only. You may revoke your consent at any time by notifying the school in writing.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____



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MEDICAL AND PERMISSION FORM

Student's name (last) _____ (first) _____ (middle) _____
Age _____ Grade _____ Boy Girl Birthdate _____
Mailing address _____ E-mail address _____
City/State _____ Zip _____ Phone (____) _____

In the event of your child's illness or emergency, where may we reach you?

1. Name _____ Phone (____) _____

2. Name _____ Phone (____) _____

Your child's physician: _____ Phone (____) _____

Yes No Are there any medical reasons for your child's not participating in certain activities while at school? (If yes, please explain on the back.)

_____ When did your child last have a major illness or operation?

_____ When did your child last have a physical exam?

Yes No Were any serious problems found or forecasted? (If yes, please explain on the back.)

Yes No Does your child have allergies? (If yes, please explain on the back.)

Yes No Does your child have any reactions to penicillin or other drugs? (If yes, please explain on the back.)

Yes No Does your child take medication regularly? (If yes, please explain on the back.)

Note: Any medications that must be brought to school must be turned in to the school first aid provider.

They will be dispensed only with parents' instructions.

Yes No Does your child wear eye contacts or glasses?

Yes No Does your child wear dental apparatus?

Yes No Is your child up to date with vaccinations?

Yes No Is your child covered by medical or accident insurance? If yes, please indicate the following:

Type _____ Policy # _____ Expiration date _____

Certain immunizations are required by California state law. If you have a kindergarten student, please bring the immunization reports to be recorded with school reports. For exceptions, contact the school office.

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

I (we) hereby give consent for first aid to be administered if needed to my (our) child _____ by qualified persons. In the event of an emergency in which the school administration believes that a physician's attention is advisable and the school is unable to reach me (us) first, I (we), the undersigned, parents of the child named above, a minor, do hereby authorize the principal of Ironwood Christian Academy or assigned faculty members as agent(s) for the undersigned to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment; and hospital supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25:8 of the Civil Conduct of California. This authorization shall remain effective until revoked in writing delivered to said agent(s).

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Legal Guardian's Signature _____ Date _____

Comments:



FINANCIAL AGREEMENT

We, the undersigned, do hereby agree to these financial arrangements. We agree to pay the amounts due on time and not to seek a refund outside the scope of this agreement. If the responsible person paying the fees is not the parent or legal guardian, then both parties must sign this agreement.

1. Testing and any application fees are due at time of testing and interview.
2. All financial policies and procedures as stated below and in the *Parent-Student Handbook* must be followed.
3. All enrolled students must have their textbook and curriculum fees paid by July 31 each year. Because late orders of these supplies cost the school extra for partial orders and separate shipping costs, there is a substantial late fee involved for these fees. This fee is nonrefundable after July 31, but it is transferable if we have another student enrolling late in that grade for which the curriculum material can be used.
4. Tuition payments may be made in one of three ways:
 - a. By the school year.
 - b. By the semester.
 - c. By a ten-month plan.
5. The August payment is non-refundable and non-transferrable if the student withdraws in September. Students having attended one day or more of any quarter will owe the full quarter's tuition. The monthly plan will be prorated as necessary.
6. Payments made for the whole school year or semester will be refunded equal to the amount that family would have had to pay if they were on the ten-month payment plan.
7. Students enrolling late but within the month of September must pay both the August and September payments before beginning class.
8. Students enrolling October 1 or later of any school year must pay a late registration fee of \$200 (in place of the \$125 registration fee), as well as any late fees necessary to special order and ship their curriculum and textbook supplies. Late enrollees must pay back-tuition before beginning class.

Responsible Person Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____