CHOSEN GENERATION CHRISTIAN ACADEMY

Registrar's Office
Tel 407.870-2389 – Fax 407.870.2051
4906 Old Pleasant Hill Road, Kissimmee, FL 34759
info@chosengenca.com
www.chosengenca.com

Enrollment Application 2018 - 2019

STUDENT INFORMATION

Full Name:			Date:
Address:			Home Phone:
City:	State: FL	Zip Code:	SS#:
Birth Date:	Age:	Sex:	Race:

Last School Attended:		Withdrawal Included?
School's Name:		Last Grade Completed:
Phone#:		Current Grade:
School's Address:		ACE Paces Used?
City:	Zip Code: FL	County:

PARENT/LEGAL GUARDIAN INFORMATION

Primary Contact Name:		SS#:
Employment:		Business Phone#:
Cell Phone#:	E-Mail:	☐ Text ☐ E-Mail

Alt Contact Name:		SS#:
Employment:		Business #:
Cell Phone#:	E-Mail:	☐ Text ☐ E-Mail

STUDENT ACADEMIC HISTORY

Report Card or Transcript Included: ☐ Yes ☐ No

Student's Academic level of previous work: ☐ Excellent ☐ Good ☐ Average ☐ Poor

Is student currently in an advanced or lower level class? ☐ Yes ☐ No If yes, explain:

____

Has student failed an advanced or lower level classes? ☐ Yes ☐ No If yes, explain:

____

Has student been expelled, suspended, or refused admission at another school? ☐ Yes ☐ No

If yes explain: ____

Has student had disciplinary reports at school? ☐ Yes ☐ No If yes, explain:

____

Has student used/brought to school any tobacco/non-prescription drugs? ☐ Yes ☐ No

If yes explain: ____

GENERAL INFORMATION

How did you hear about this school? ____

Reason for selecting this school: ____

Student Name:	Grade:	Start Date:

ENROLLMENT AGREEMENT

We, the undersigned, understand that we are responsible for the payment of all fees; including application, registration, books, and tuition that may be incurred during the time this student is enrolled at Chosen Generation Christian Academy (CGCA). We have reviewed this application, and to the best of our knowledge, all information provided is complete and accurate. We understand that a school year is a maximum of 10 months, beginning on the date enrollment is completed and ending either 10 months later or when the student has completed all curriculum assigned (maximum of 72 PACE's) for the school year, whichever comes first. ______ **(initials)**

We understand that the enrollment fee of $150.00 must accompany this completed application. We understand that the enrollment fee is non-refundable. ______ **(initials)**

We understand that all fees and charges must be paid in full prior to any transcripts, verification forms, student records, or diplomas are provided. We understand that enrollment in CGCA is a privilege, and CGCA reserves the right to suspend or expel any student in accordance with its official policies as determined by CGCA. ______ **(initials)**

We understand that upon signing this application constitutes a commitment of student enrollment for the full academic year and if student is withdrawn before academic year-end, a withdrawal fee of $500.00 will be charged and paid before being withdrawn and any student records are released. ______ **(initials)**

CGCA does not discriminate against member, applicants, students, and others on the basis of race, color, or national or ethnic origin. ______ **(initials)**

Admissions to CGCA is based upon a personal interview with parents and the student, this application, diagnostic test results, and other academic/spiritual input. The intent of the interview is to examine spiritual/academic areas and to establish a clear understanding of how the parents, student, and school work together in the training and learning process. ______ **(initials)**

It is essential that every family understand and clearly supports the Academy's philosophy, the biblical standards of the school, and the spiritual accountability of parents. ______ **(initials)**

Notwithstanding anything to the contrary contained herein, this agreement does not bind either party to any specific period of enrollment. We understand that no rights or presumptions of continued enrollment are conferred or implied by the agreement. We further agree that no right to notice of renewal or non-renewal of the agreement is conferred or implied. We understand that acceptance of the application shall be conditioned upon completion of all requirements to the satisfaction of the administration. ______ **(initials)**

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 educational purposes, publications, presentation or broadcast via, Internet or social media sources). I do this with full knowledge and consent and waive all claims for compensation for use.

____ Yes, I give consent for Chosen Generation CA to photograph my child for school purposes and/or at school events.

___ No, I do not authorize Chosen Generation CA to photograph for my child for any event.

Primary Parent Signature: ________________________________ Date: ______________________

Administrator Signature: ________________________________ Date: ______________________

Tanya Villafuerte

Student Name:	**Grade:**	**Start Date:**

EMERGENCY CONTACT INFORMATION CARD

Who do we contact in the event of an emergency? ☐ Mother ☐ Father ☐ Relative

Please provide the information below for the responsible adults to contacts if parents cannot be reached.

Name	Relationship	Cell Phone	E-Mail
1.			
2.			
3.			

MEDICAL INFORMATION

Doctor's Name: ______________________ Phone# ____________

Date of Last Physical Exam: Student DOB:

Health Insurance? ☐ Yes ☐ No Name of Insurance:

Medicaid? ☐ Yes ☐ No Medicaid #:

MEDICAL CONDITIONS

Please check ☑ any conditions/problems that apply to your child:

☐ Asthma/breathing
☐ DD/ADHD
☐ Bladder
☐ Bleeding
☐ Bone/joint
☐ Nosebleeds (frequents)
☐ Bowel Movements
☐ Cancer
☐ Cystic fibrosis
☐ Dental (tooth) / Braces
☐ Diabetes
☐ Sickle cell disease
☐ Epilepsy/seizures
☐ Headaches (severe)
☐ Heart Disease
☐ Kidney Disease
☐ Mental Health
☐ Other: (explain):

Other: ______________________________

If your child has Asthma, has it been diagnosed by doctor? ☐ Yes ☐ No

If yes, what treatment has been prescribed? ☐ Inhaler ☐ Nebulizer ☐ Other (please list):

____

Please explain any circled conditions or another serious surgeries, illness or injuries:

____

Do you consider any of the circled conditions or any other medical condition, may affect student's school performance, program or ability to participate in a regular physical program? If Yes, please explain:

____

ALERGIES AND REACTIONS

Please check ☑ any allergies and the severity of the condition that apply to your child:

☐ Insect Stings and bites	☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ Life Threat (call 911)
☐ Food plants / other	☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ Life Threat (call 911)
☐ Medicine	☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ Life Threat (call 911)

Will your child be taking any medicines at school, either prescribed or over-the-counter? ☐ Yes ☐ No

If yes please list: ______________________________

Student Name:	Grade:	Start Date:

EMERGENCY PARENT CONSENT

I am aware that in order for my child to receive any medication at school, I must sign an Authorization for School Personnel to Administer Medication form. All medications must be brought to school by an adult. Parent must provide a new Authorization for School Personnel to Administer Medication form every academic year. I acknowledge that there is an on-site RN (Nurse) and that I will be provided a Duties of the Nurse and Clinical Procedures after submission of the signed Authorization for School Personnel to Administer Medication form.

In case of serious accident or illness, I request the school to contact me. If the school is unable to rich me, I hereby authorize the school to contact one of the adults listed above. In the event the adults listed above cannot be reached, school personnel may make whatever arrangements are necessary to provide care and treatment for my child. When necessary, and in the event that I or any adults listed above cannot be reached, school personnel have my permission to request transport for my child to the nearest emergency room. Under such circumstances, school personnel have my permission to release the information on this form to emergency personnel. I understand and agree that I will be responsible for any emergency medical services fees.

In case of accident or illness where, in the best judgment of school personnel, emergency treatment of my child is not needed, but where he/she is unable to remain at school, I request the school to contact me to arrange transportation for my child. If the school is unable to contact me, I understand that one of the adults listed above will be contacted and requested to arrange transportation/care for my child until I can be reached.

I understand and agree that certain education records of my child may be shared with the School Board health care partners as needed to provide and evaluate health services to students. I also understand and agree that my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate educations purpose for accessing such treatment.

I understand that it is my responsibility to notify my child's school of any changes in the information recorded on this card and to provide the school with information if there are any custody restrictions involving my child.

I certify that the information provided on this Emergency Information Card is accurate, true and correct.

Primary Parent Signature: ______________________________ Date: ______________________