



**Registration Checklist**  
**1st - 8th grade**  
**Colquitt Christian Academy**

2018-2019 School Year

Student(s) \_\_\_\_\_  
Parents \_\_\_\_\_

ITEM	CHECKED BY (INITIALS)
Sharon Clark, Principal	
<input type="checkbox"/> Application (for each child)	_____
<input type="checkbox"/> Birth certificate (if applicable) (copy)	_____
<input type="checkbox"/> Photo release form (for each child)	_____
<input type="checkbox"/> Student Pickup Authorization	_____
<input type="checkbox"/> Parent Release Form or IEP	_____
<input type="checkbox"/> Student Transcript Release	_____
<input type="checkbox"/> Internet Acceptable Use Policy (Grades 3-8)	_____
Nurse (if available)	
<input type="checkbox"/> Immunization record (copy)	_____
<input type="checkbox"/> Immunization Exemption form (original) if applicable	_____
<input type="checkbox"/> Consent to Treatment (for each student)	_____
<input type="checkbox"/> Physical (new students, 1 <sup>st</sup> and 5 <sup>th</sup> )	_____
<input type="checkbox"/> Medication form as applicable	_____
Treasurer	
<input type="checkbox"/> Financial Information (for family unit)	_____
<input type="checkbox"/> Tuition Assistance Request as applicable	_____
<input type="checkbox"/> Registration/ Tuition payment	_____

NOTE: A student is not considered fully registered until all required forms have been completed and returned to the school and registration payment has been received.



## Application for Admission Colquitt Christian Academy

2018-2019 School Year

\_\_\_\_\_  
Today's Date

Child's Full Legal Name:

\_\_\_\_\_  
LAST FIRST MIDDLE

\_\_\_\_\_  
Grade Entering Gender Place of Birth: City, State or Country of birth

\_\_\_\_\_  
Month / Day / Year Date of Birth      \_\_\_\_ / \_\_\_\_ Age Years/ Months      \_\_\_\_\_ Ethnic Origin  
(For Federal Government and NAD purposes only)

SDA Church member  Yes  No    SDA Baptized  Yes  No    Date of Baptism \_\_\_\_\_

**Family Information:**

Legal name of parent	Father	Mother		
Please indicate which parent the student lives with if applicable				
If living with a family member other than the parent please specify	Name of Guardian	Relationship		
Home Address of parent or non parental guardian				
City, State/Province, Zip				
Phone and email	Home phone	Business phone	Home phone	Business phone
	Cell phone	Email	Cell phone	Email
Occupation				
Church membership	Denomination/Church	Denomination/Church		
Brothers and Sisters	Full Name	Birth date		

\_\_\_\_\_ In case of emergency, accident, or serious illness, if the school is unable to contact me, I hereby authorize the school to take my child to the physician, emergency room, and/or to the relative or neighbor indicated.

\_\_\_\_\_  
Physician's Name Phone Number Address

\_\_\_\_\_  
Relative's or Neighbor's Name Phone Number Address



Application for Admission
Colquitt Christian Academy

2018-2019 School Year

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References: Please give two (2) references (pastor, friend, neighbor, non relative, etc.):
Reference # 1 (Name, Address, Phone number)
Reference # 2 (Name, Address, Phone number)

OFFICE USE ONLY:
Name:
All paperwork completed: Date
Approved by board: Date
Verified by

Name of school student previously attended (if applicable)

Does the student have an unpaid account at another school? yes no

If so, where?

Has this student been previously identified as qualifying for gifted/talented education program? Y N

Has this student been previously identified as qualifying for a special education program? Y N

Does the student have an IEP? Y N

Parents: Please read and initial each line below:

- I agree to meet my monthly financial obligations to the school in a timely manner.
I agree to cooperate with the school board and teachers by avoiding adverse criticism of any teacher or school policy in the presence of the students.
I have received the student handbook and will read and agree to support each regulation of the school.
I hereby authorize the school board to send, upon request, the permanent records to the next school in which my child is enrolled.

Signature of Parent or Legal Guardian Date

Student (grades 3 - 12): Please read the following statement and sign.

I agree to abide by the rules and regulations as explained in the Handbook and by the teacher and to do my best to set a good example, work hard, and honor my parents and God while attending CCA:

Signature of Student Date



## Consent to Treatment Colquitt Christian Academy

2018-2019 School Year

**Only designated staff will have access to the completed form. This form will be stored in a locked file.** This form must be filled out at the beginning of each school year to cover the activities for that school year. A copy of each student's form will accompany the student on any off-campus activities.

**Student's Full Name** \_\_\_\_\_

\_\_\_\_\_

Age \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_ Social Security Number (United States) \_\_\_\_\_

**Address:**

\_\_\_\_\_

### Parent/Guardian Information:

Father/Guardian \_\_\_\_\_

\_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

\_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Please describe any known allergies to substances and/or medications: \_\_\_\_\_

If on regular medication, please specify: \_\_\_\_\_

\_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

Please give the name of your local family physician to be called in case your child becomes ill or has an accident and you cannot be reached:

\_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

\_\_\_\_\_ Hospital Phone \_\_\_\_\_

Please give the name of a relative or friend who has consented to assume the responsibility of your child in case of illness or accident until you can be reached. In case of any changes in the named person, you must notify the school in writing.

Name: \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_

The above named student is \_\_\_\_\_ is not \_\_\_\_\_ covered by health insurance.

\_\_\_\_\_

Present Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering service.

\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



**Photo Release Form  
Colquitt Christian Academy**

2018-2019 School Year

Please indicate below the option you prefer for your child(ren) and family:

\_\_\_\_\_ I hereby consent and authorize Colquitt Christian Academy to use my name and/or the names of my family members who are minors, as listed below, as well as my likeness, photos, videos and other information (or that of family members who are minors) for the purpose of school news releases, publicity, advertising, publication, or distribution as Ketchum Adventist Academy believes appropriated. I further consent to such use in their present form and to any changes, alterations, or additions thereto.

\_\_\_\_\_ I consent to the use of photos of my child in group settings for publication and promotion of the school with their name (s)

\_\_\_\_\_ I consent to the use of photos of my child in group settings *without their name* for publication and promotion of the school.

\_\_\_\_\_ I do not consent to the use of any photos of my child(ren) individually or in group settings for any purpose outside of the school setting and the Yearbook.

Student Names \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/ Guardian*

\_\_\_\_\_  
*Date*



**Student Pick Up Authorization  
Colquitt Christian Academy**

2018-2019 School Year

The following individuals are authorized to pick up \_\_\_\_\_

\_\_\_\_\_  
Name of child (children)

Name	Relationship	Phone #

The following individuals are not allowed to pick up \_\_\_\_\_

Name of child (children)	
Name	Relationship

I understand that if this list changes (someone is no longer authorized to pick up the child or someone in addition to the above needs to pick up the child) I must notify the school **in writing** or I must personally change this form.

I also understand that if someone who is NOT authorized to pick up the child or children attempts to do so the school will notify me immediately but cannot legally restrain the individual. The school is to contact me at \_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**INTERNET ACCEPTABLE USE POLICY\***  
**Arkansas-Louisiana Conference of SDA**  
**Department of Education**

Colquitt Christian Academy is pleased to offer its students and staff access to a computer network for electronic mail and the Internet. To gain access to e-mail and the Internet, both parent/guardian and student must sign and return this form to the school.

The Internet is a powerful resource for expanding the educational experience of each student. Access to e-mail and the Internet will enable students to explore thousands of libraries, data bases, and bulletin boards throughout the world. Unfortunately, it is true that some material accessible via the Internet contain items that are illegal, defamatory, inaccurate, and offensive. Many educators believe, however, that the benefits to students in the form of information resources and opportunities for collaboration, exceed the disadvantages and therefore this school has chosen to make the Internet available to its students. Ultimately parents/guardians are responsible for setting and conveying standards that their children should follow when using media and information sources. We respect each family's right to decide whether or not to apply for their child's Internet access.

Since the Internet is provided for students and staff to conduct research and communicate with others, access is given to students and staff who agree to act in a responsible manner. Access is a privilege - not a right. Access requires responsibility. Access requires parental permission. Access requires compliance with the following policies:

1. The students and staff should have no expectation of privacy or confidentiality in the content of electronic communications or other computer files sent and received on the school computer network or stored in his/her directory. The school computer system operator or other school employees may review the subject, content, and appropriateness of electronic communications or other computer files and remove them if warranted, reporting any violation of rules to the school administrator or law enforcement officials.
2. When sending electronic messages, students and staff shall not include information that could identify themselves or other students and staff. Examples of identifying information include last names, addresses, and phone numbers. Students and staff shall identify themselves by first names. Your Internet ID and password are provided only for your personal use. Do not share your password! If you suspect someone has discovered your password, change it immediately. Students and staff shall not intentionally seek information on, obtain copies of, or modify files, other data, or passwords belonging to other users.
3. Students and staff shall not
  - (a.) Copy and forward
  - (b.) Copy and download
  - (c.) Copy and upload to the network or Internet server any copyrighted material, without approval by the computer system operator, a teacher, or a school administrator. Copyrighted material is anything written by someone else. It could be an e-mail message, a game, a story, an

encyclopedia entry, or software.

4. All sites containing sexually explicit materials - materials showing male or female nudity - are off-limits to students and staff.
5. Students who violate the Internet use rules set forth in this policy will be subject to the discipline outlined by the school administration and staff. Staff members who violate the Internet use rules set forth in this policy will be subject to serious discipline and possible loss of employment.
6. Students and staff shall not infiltrate, or “hack”, outside computing systems or networks. Examples: the release of viruses, worms, or other programs that damage or otherwise harm an outside computing system or network. Students and staff shall not disrupt a system or interfere with another’s ability to use that system (e.g. by sending “e-mail bombs” that cause a disk to fill up, a network to bog down, or a software application to crash). Nor shall students or staff do any of these things to the Colquitt Christian Academy computer system.
7. Students and staff shall not use the school district’s computer network to solicit sales or conduct business (i.e. by posting or advertisement to a news group). Students and staff shall not set up web pages to advertise or sell a service. Students and staff will adhere to Christian principles when using the computers at Colquitt Christian Academy.

As a user of the school’s computer network, I agree to comply with the above stated rules and policies, acting in a reliable fashion while honoring all relevant laws and restrictions.

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student’s Birthday: \_\_\_\_\_

Parental/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Appreciation is expressed to the  
Pacific Union Conference Educational Technology Advisory Committee,  
and the “School Policy Legal Insider” for information used in this document.



# STUDENT MEDICAL RECORD

Only designated staff, such as the school nurse or physician, will have access to the completed form.  
This form will be stored in a locked file.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

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

Name of Father \_\_\_\_\_ Name of Mother \_\_\_\_\_

History (Past illnesses and allergies. Please check those he/she has had.)

- |  |  |            |
|--|--|------------|
| <input type="checkbox"/> Cancer        | <input type="checkbox"/> Rheumatic Fever | Allergies: |
| <input type="checkbox"/> Chicken Pox   | <input type="checkbox"/> Scarlet Fever   |            |
| <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Tuberculosis    |            |
| <input type="checkbox"/> Diphtheria    | <input type="checkbox"/> Whooping Cough  |            |
| <input type="checkbox"/> Epilepsy      | <input type="checkbox"/> Ear Infections  |            |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other           |            |
| <input type="checkbox"/> Measles       |  |            |

Explain briefly factors as surgeries, serious accidents or injuries, congenital defects, which may affect the child's school experience

Indicate physical problem by check:    Hearing ( )    Heart ( )    Sight ( )    Speech ( )

Other \_\_\_\_\_  
SPECIFY

IMMUNIZATIONS – An official record of immunizations must accompany this medical record for all students entering school for the first time in the United States regardless of grade level. Records considered official are:

- State Immunization Record
- Health Provider Record – must have signature, stamp, or initials next to each date.
- Physician's Record
- County Health Department Record
- Official Immunization Record from another state
- School Immunization Record

## LABORATORY RECORD

TB SKIN TESTS	Type*	Dates Given	Given by	Date Read	Read by	Impression
	<input type="checkbox"/> PPD Mantoux	/ /		/ /		<input type="checkbox"/> Pos
<input type="checkbox"/> Other _____	/ /		/ /		<input type="checkbox"/> Neg	
<input type="checkbox"/> PPD Mantoux	/ /		/ /		<input type="checkbox"/> Pos	
<input type="checkbox"/> Other _____	/ /		/ /		<input type="checkbox"/> Neg	
<input type="checkbox"/> PPD Mantoux	/ /		/ /		<input type="checkbox"/> Pos	
<input type="checkbox"/> Other _____	/ /		/ /		<input type="checkbox"/> Neg	

\*If required by school entry, must be Mantoux unless exception granted by local health department

CHEST X-RAY    Film date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Impressing:     Normal     Abnormal

Person is free of communicable tuberculosis     Yes     No

Signature/Agency \_\_\_\_\_

