

EAGLE POINT CHRISTIAN ACADEMY

Family Application Secondary

_____ School Year

Today's Date ___/___/___

Referred By _____

➤ **Father's Name** _____ **Occupation** _____

Employer _____ **Work Phone** _____

Home Address _____ **City / State / Zip** _____

Home Phone _____ **Cell Phone** _____ **E-mail** _____

➤ **Mother's Name** _____ **Occupation** _____

Employer _____ **Work Phone** _____

Home Address _____ **City / State / Zip** _____

Home Phone _____ **Cell Phone** _____ **E-mail** _____

Marital Status: Please check one.

Father	1 st Marriage	Widowed	Separated	Divorced	Remarried	Single
Mother	1 st Marriage	Widowed	Separated	Divorced	Remarried	Single

Students primary residence is with= Both Parents ___ Mother ___ Father ___ Stepparent ___ Other: _____

We would like to enroll the following child(ren) to begin (Month) _____ (Year) _____.

Student's Name				
Grade to Enter				
Gender				
Birth date/Current Age	/	/	/	/
School last attended				

EDUCATIONAL HISTORY

Has your student(s) repeated any grades? _____

If so, please explain. _____

Has your student(s) been in any serious disciplinary difficulty, suspension, probation, or expulsion? _____

If so, please details. _____

Are you aware of any learning problems your student(s) may have? _____

If so, please detail. _____

Does your student(s) take medication regularly? _____

If so, please explain. _____

Does your student(s) have any mental, emotional, or physical conditions which may affect his activities or progress, or for some reason should be known by his teacher? (Reply will be held confidential) _____

We desire to provide your child a Christian education, not simply a private education. Please give us a statement of your personal faith:

Father _____

Mother _____

Since you have spent time considering the right school for your student(s), please share what you are expecting from Eagle Point Christian Academy and why you have selected our program to achieve your goals.

Church or Denominational Affiliation:

Father: Church now attending _____

Mother: Church now attending _____

Regular		Sometimes		Seldom	
Regular		Sometimes		Seldom	

Internal Revenue Service Procedure 75-50 requires schools to keep records on the racial composition of its student body, faculty, and administrative staff for each academic year. Please provide the following racial designation for your student(s).

___ African American ___ Asian ___ Caucasian
___ Hispanic ___ Native American ___ Other

Eagle Point Christian Academy admits students of any race, color, nationality, or ethnic origin.

How did you hear about Eagle Point Christian Academy?

___ Phone book ___ Church ___ Newspaper
___ Billboard ___ Friend ___ Other _____

PARENTAL AGREEMENT

TRANSPORTATION

I HEREBY GIVE MY PERMISSION FOR EAGLE POINT CHRISTIAN ACADEMY TO TRANSPORT MY CHILD TO ANY SCHOOL SANCTIONED FUNCTION OR ANY OTHER ACTIVITY THE SCHOOL DEEMS NECESSARY. I RELIEVE EAGLE POINT CHRISTIAN ACADEMY AND ANY REPRESENTATIVE THEREOF FROM ALL RESPONSIBILITY IN CASE OF ACCIDENT OR INJURY.

ACTIVITIES

I HEREBY GRANT PERMISSION FOR MY CHILD TO USE ANY AND ALL PLAY EQUIPMENT AND TO PARTICIPATE IN ALL SCHOOL-SPONSORED ACTIVITIES INCLUDING FIELD TRIPS. PARENTAL RESTRICTIONS TO THIS AGREEMENT MUST BE IN WRITING.

DISCIPLINE

ATTENDANCE AT EAGLE POINT CHRISTIAN ACADEMY IS A PRIVILEGE, NOT A RIGHT. UNDERSTANDING THE NECESSITY OF DISCIPLINE FOR THE WELFARE OF EACH STUDENT, AS WELL AS FOR THE ENTIRE SCHOOL, I GIVE MY PERMISSION FOR MY CHILD'S TEACHER AND/OR OTHER AGENT OF THE SCHOOL TO MAKE AND ENFORCE CLASSROOM REGULATIONS AND SCHOOL POLICIES IN A MANNER CONSISTENT WITH CHRISTIAN PRINCIPLES OF DISCIPLINE AS SET FORTH IN THE SCRIPTURES. THIS MAY INCLUDE CORPORAL PUNISHMENT AS OUTLINED IN THE PARENT-STUDENT HANDBOOK.

LIABILITY

I AGREE TO HOLD THE SCHOOL AND ITS AGENTS HARMLESS FOR ANY LIABILITY TO MY CHILD OR ANY GUARDIAN OR PARENT THEREOF BECAUSE OF ANY INJURY OR ALLEGED INJURY TO MY CHILD. SHOULD LEGAL ACTION FOR ANY REASON BE TAKEN AGAINST EAGLE POINT CHRISTIAN ACADEMY OR ANY EMPLOYEE OR AGENT THEREOF ON MY CHILD'S BEHALF AND THE SCHOOL OR ITS AGENT NOT BE FOUND AT FAULT, I AGREE TO PAY ANY ATTORNEY FEES, COURT FEES, DAMAGES, OR OTHER COSTS THAT EAGLE POINT CHRISTIAN ACADEMY OR ITS AGENT SHOULD INCUR TO DEFEND ITSELF AGAINST SUCH ACTION.

HANDBOOKS

I HAVE READ AND AGREE TO ALL POLICIES AND PROCEDURES AS OUTLINED IN THE PARENT-STUDENT HANDBOOK.

PERMISSION TO PHOTOGRAPH OR VIDEOTAPE STUDENTS

I/WE UNDERSTAND THAT MY/OUR CHILD'S LIKENESS MAY BE PHOTOGRAPHED OR VIDEOTAPE BY THE SCHOOL IN THE COURSE OF SCHOOL ACTIVITIES. I/WE HEREBY GIVE CONSENT FOR THE SCHOOL TO USE MY/OUR CHILD'S LIKENESS IN THE SCHOOL DIRECTORY, PROMOTIONAL AND/OR ADVERTISING MATERIALS. I/WE FURTHER UNDERSTAND THAT MY/OUR CHILD'S NAME WILL NOT BE LISTED WITH ANY PHOTOGRAPH OR LIKENESS WITHOUT EAGLE POINT CHRISTIAN ACADEMY OBTAINING SPECIFIC AUTHORIZATION FROM ME/US.

POLICY STATEMENT

TRANSFER STUDENTS MUST COME TO EPCA IN **GOOD STANDING** AT THEIR PREVIOUS SCHOOL. STUDENTS WITH DISCIPLINE ISSUES WILL NOT BE PERMITTED TO ENROLL UNTIL ALL ISSUES ARE RESOLVED.

THE PAYMENTS ARE DUE ACCORDING TO YOUR SELECTED PAYMENT PLAN. LATE FEES WILL BE INCURRED ACCORDING TO YOUR SELECTED PAYMENT PLAN. **ONCE AN ACCOUNT IS 30 DAYS PAST DUE, YOU WILL BE ASKED TO WITHDRAW THE STUDENT UNLESS ARRANGEMENTS HAVE BEEN MADE WITH THE BUSINESS OFFICE.** IN THE EVENT THAT A TUITION PAYMENT MUST BE PAID LATE, WE WILL CONTACT THE SCHOOL OFFICE BEFORE THE PAYMENT IS PAST DUE TO MAKE SPECIAL ARRANGEMENTS.

SINCE EAGLE POINT CHRISTIAN ACADEMY HAS AN OBLIGATION TO ITS EMPLOYEES, STUDENTS ARE CONSIDERED ENROLLED FOR THE ENTIRE SCHOOL YEAR; NO REDUCTIONS IN PAYMENT ARE MADE FOR VACATIONS, HOLIDAYS OR ABSENCES. IF A STUDENT ENTERS AFTER THE SCHOOL YEAR HAS BEGUN, CHARGES ARE PRORATED ACCORDING TO THE ACTUAL NUMBER OF DAYS ENROLLED.

ALL WITHDRAWALS, WHETHER BEFORE THE SCHOOL YEAR BEGINS OR DURING THE YEAR, MUST BE MADE IN WRITING AND SHALL BE EFFECTIVE WHEN SUCH NOTICE IS DELIVERED TO THE SCHOOL. IF A STUDENT WITHDRAWS AFTER THE FIRST OF THE MONTH, THE PARENT REMAINS RESPONSIBLE FOR THE COMPLETE MONTH'S TUITION. ALL ACCOUNTS MUST BE PAID IN FULL FOR THE CURRENT TERM BEFORE GRADE CARDS OR TRANSCRIPTS WILL BE ISSUED. ENROLLMENT FEES ARE NOT REFUNDABLE.

EAGLE POINT CHRISTIAN ACADEMY IS A DISCIPLESHIP SCHOOL MEANING THAT WE PARTNER WITH FAMILIES TO REINFORCE CONGRUENT SCHOOL, FAMILY, AND KINGDOM VALUES. OUR STUDENTS SHOULD REFLECT THESE VALUES.

***PLEASE COMPLETE THE FOLLOWING PAGES BEFORE RETURNING APPLICATION TO EAGLE POINT CHRISTIAN ACADEMY.

STUDENT SURVEY

*To be completed by the student applicant.

1. What are your reasons for applying to EPCA?

2. Do you have any questions about EPCA that haven't been answered?

3. Explain your salvation experience.

4. What are your future education goals after high school?

Please include 2 Character References. The following references pages are to be completed by a trusted adult who has known you a minimum of two years. One must be completed by a pastor, youth pastor, or former Sunday school teacher. The second character reference can be a family friend or former teacher.

CHARACTER REFERENCE

* These references pages are to be completed by a trusted adult who has known the student a minimum of two years. One must be completed by a pastor, youth pastor, or former Sunday school teacher. The second character reference can be a family friend or former teacher. Please return to Eagle Point Christian Academy, 602 S. Mounds, Sapulpa, OK 74066 or fax to 918.248.3117 to complete the student's file.

Name of Student applying to EPCA: _____

REFERENCE INFORMATION

Name: _____ How long have you known applicant? _____

Relation to Applicant: _____

Title/Position: _____ Phone #: _____

1. Please list three character traits of the applicant you have witnessed:

2. Does the student demonstrate leadership?

3. Any specific accomplishments you would like to mention?

4. In your opinion, what are the student's strengths?

5. Are there any weaknesses you feel you should share about the student?

Reference Signature

Date

CHARACTER REFERENCE

* These references pages are to be completed by a trusted adult who has known the student a minimum of two years. One must be completed by a pastor, youth pastor, or former Sunday school teacher. The second character reference can be a family friend or former teacher. Please return to Eagle Point Christian Academy, 602 S. Mounds, Sapulpa, OK 74066 or fax to 918.248.3117 to complete the student's file.

Name of Student applying to EPCA: _____

REFERENCE INFORMATION

Name: _____ How long have you known applicant? _____

Relation to Applicant: _____

Title/Position: _____ Phone #: _____

6. Please list three character traits of the applicant you have witnessed:

7. Does the student demonstrate leadership?

8. Any specific accomplishments you would like to mention?

9. In your opinion, what are the student's strengths?

10. Are there any weaknesses you feel you should share about the student?

Reference Signature

Date