



Ozark Christian Academy Application for Enrollment

Office Use Only
BC: _____ AP: _____
EM: _____ FLC: _____
IR: _____ Stat: _____
PR: _____ Date: _____
TR: _____

Personal Family Information

Today's Date: _____

Student's Full Name: _____

Name Student Goes by: _____ Date of Birth: ____/____/____ Age: ____

Grade Level Student is Applying for: _____ Sex: Male Female

Home Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If different from home): _____

City: _____ State: _____ Zip Code: _____

Student's Primary Phone: _____ Home Cell Other

Student's Secondary Phone: _____ Home Cell Other

Student's Email Address: _____

Student's Home Church: _____

Pastor: _____ Pastor's Phone: _____

Student Lives with: Both Parents Father Mother Legal Guardian Other: _____

Father's/Legal Guardian's Name: _____

Home Address (If different from student): _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If different from student): _____

City: _____ State: _____ Zip Code: _____

Father's/Guardian's Primary Phone: _____ Home Cell Other

Father's/Guardian's Secondary Phone: _____ Home Cell Other

Father's/Guardian's Email Address: _____

Employer: _____ Work Phone: _____

Mother's/Legal Guardian's Name: _____

Home Address (If different from student): _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If different from student): _____

City: _____ State: _____ Zip Code: _____

Mother's/Guardian's Primary Phone: _____ () Home () Cell () Other

Mother's/Guardian's Secondary Phone: _____ () Home () Cell () Other

Mother's/Guardian's Email Address: _____

Employer: _____ Work Phone: _____

Parent's Marital Status: () Single () Married () Divorced () Separated () Other: _____

Siblings

Name: _____ Enrolled/enrolling at OCA? () Yes () No

Name: _____ Enrolled/enrolling at OCA? () Yes () No

Name: _____ Enrolled/enrolling at OCA? () Yes () No

Name: _____ Enrolled/enrolling at OCA? () Yes () No

Name: _____ Enrolled/enrolling at OCA? () Yes () No

For additional siblings, please continue on back of this form

Student's Spiritual Development

All students entering at least the seventh grade must attest to being a born again Christian according to John 3:3. Enrolling students (Grades 7-12), please write your personal testimony here describing your conversion experience: _____

Student's Signature (Grade 7+): _____ **Date:** _____

Has Student had previous discipline issues, in particular, cooperating with authority?

No Yes, Please explain: _____

Has Student ever been convicted of a crime and/or been in juvenile detention?

No Yes, Please explain: _____

Has Student ever been denied admission, dismissed, or expelled from a previous school?

No Yes, Please explain: _____

Student's Academic Development

Please list previous school enrollments here or indicate accordingly: None Homeschooled Only

School: _____ Principal: _____

Address: _____ Phone: _____

School: _____ Principal: _____

Address: _____ Phone: _____

For additional schools, please continue on back of this form

Has Student ever been retained? No Yes, Please explain: _____

Has Student ever had an IEP/504 Plan or other special education documents? No Yes

If Yes, which subject(s): _____

Has Student ever received professional counseling or psychological testing? No Yes

Authorization to Apply for Admission*

I hereby acknowledge the information in this Application for Enrollment to be truthful and accurate. I understand that this Application does not guarantee my child's acceptance of enrollment into Ozark Christian Academy. I accept that students are admitted into Ozark Christian Academy based on spiritual testimony, academic history, and administrative interviews. I further accept that each application is subject to review by the official school board.

I recognize that Ozark Christian Academy admits students regardless of race, color, national and ethnic origin to all the rights, privileges, and activities made available to the students. Ozark Christian Academy does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, and other school administered programs.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Student's Signature (Grade 3+): _____

***A copy of student's birth certificate and immunization record or statement of religious exemption must accompany all applications for enrollment. Transfer students must complete release form.**



Ozark Christian Academy Family Covenant

Ozark Christian Academy (OCA) is an affiliate ministry of Ozark Christian Schools of Neosho (OCS) in conjunction with Ozark Bible Institute and College (OBI). OCA is sponsored in part by Bible Holiness Assembly of God and is an integral part of its ministry. OCS is independently operated as a 501(c)(3) not-for-profit organization. The Statement of Faith (found in the OCA Handbook) is aligned with the fundamental doctrinal truths of the Assemblies of God. The atmosphere of OCA is a culture of Bible Holiness and Pentecostal distinction. Faculty, staff, and students are expected to be in harmony with the atmosphere of OCA. Families who are willing to accept the culture of OCA without controversy and abide by the policies set forth by the OCA Administration and/or the OCS Board are eligible to apply for enrollment.

I recognize that it is my biblical responsibility to educate my child.

I understand that OCA is an extension of my home and church for educating my child in biblical training and academic excellence.

I commit myself to safeguard my child from any unwholesome influences that will be counter-productive to the mission and vision of OCA.

I, along with my child, will be faithful in regular church attendance (at least once per week).

I will be attentive to the needs of my child making sure he/she receives the proper sleep, exercise, study time, and discipline required for his/her optimal performance at OCA.

I will be proactive ensuring my students arrive at OCA on time and in their proper uniform each day.

I pledge to be in complete cooperation with OCA's administration, staff, and policies. If a misunderstanding arises with my child and OCA, I will give OCA (its administration, staff, and policies) the benefit of the doubt before accusing anyone/thing and/or placing blame.

I commit to resolving conflict with OCA the biblical way, going to the proper channel of authority privately, without spreading slander and will address such issues with a Christian attitude, following Christ's pattern in Matthew 18.

I realize enrollment at OCA is a privilege and not a right. I understand my child's enrollment is at my will, as well as the will of the OCA Administration. I recognize that if I and/or my child is not in harmony with the expectations of OCA, I may choose to withdraw my child or be asked to withdraw by the Administration at any time.

I hereby agree to this OCA Family Covenant and will faithfully abide by its terms on behalf of my child (Print Student's Name), _____.

Parent/Guardian's Authorized Signature: _____ Date: _____

Parent/Guardian's Authorized Signature: _____ Date: _____



Ozark Christian Academy Emergency Medical and Liability Release Indemnity Agreement

In the unexpected event of an illness or injury requiring immediate emergency medical attention:

I hereby authorize consent to OCA staff to secure the appropriate medical attention from qualified personnel including but not limited to ambulance services, hospitalization, and any other procedures/treatment deemed necessary and/or advisable by a licensed physician.

I understand OCA staff will call 911 immediately after being made aware of the situation.

I understand OCA staff will call my Emergency Contacts in the order listed on this form until a contact is reached).

I understand an OCA staff member will accompany my child up until released to emergency services and/or the parent/guardian/emergency contact arrives.

I understand that any/all fees incurred from medical services are my personal responsibility and obligation to pay for.

I do hereby agree to release and hold harmless Ozark Christian Academy and its officers, agents, employees, and volunteers harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child, even injury resulting in death, or damages to personal property, for which my child may be liable in connection with the activity or participation in any other associated activities.

I further agree to indemnify Ozark Christian Academy and its officers, agents, employees, and volunteers for injury to third parties or damage to their property for which my child may be liable in connection with the activity or participation in any other associated activities.

I have carefully read this OCA Emergency Medical and Liability Release Indemnity Agreement, know the contents thereof, and I authorize my acceptance and consent of its terms as my own free act. This is a legally binding agreement that I have read and understand.

Print Student's Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian's Authorized Signature: _____ Date: _____

Parent/Guardian **Emergency Contact #1:** Phone: _____

Parent/Guardian's Authorized Signature: _____ Date: _____

Parent/Guardian **Emergency Contact #2:** Phone: _____

Emergency Contact #3: Name: _____

Relationship to Student: _____ Phone: _____

Emergency Contact #4: Name: _____

Relationship to Student: _____ Phone: _____

Emergency Medical Information:

Primary Care Physician: _____ Phone: _____

Healthcare Provider: _____ ID Number: _____

Medical History

Please Initial here to authorize your child to be given the following medications (brand name or generic equivalent): Tylenol©: _____ Pepto Bismol©: _____ Cough Drops: _____

Date of last tetanus vaccination: _____ Please check here for Religious Exemption ()

Please list any ongoing medications your child is taking: _____

Please indicate any illnesses and/or disabilities affecting my child presently or previously:

_____ Accidents	_____ Convulsions	_____ Poor Vision
_____ Allergies	_____ Diabetes	_____ Speech Difficulty
_____ Asthma	_____ Headaches (Frequent)	_____ Urination (Frequent)
_____ Crippling Conditions	_____ Hearing Difficulty	_____ Other: _____

Please list specific allergies, and/or any other medical conditions/needs affecting your child:



Ozark Christian Academy Publicity Consent

Occasionally, the staff and/or authorized persons working with Ozark Christian Academy (OCA) may take photographs of students for advertising, media releases, publications, social media pages and/or apps, as well as OCA's website. All photographs and videography taken of students are handled with the utmost care and respect.

Name of Student: _____

Please indicate the appropriate permissions.

As a parent and/or legal guardian for the above named student:

I hereby grant permission for my child's photograph to be used on OCA's campus for display purposes. Yes, I grant permission.
 No, I do not grant permission.

I hereby grant permission for my child's photograph to be printed and/or distributed in school yearbooks. Yes, I grant permission.
 No, I do not grant permission.

I hereby grant permission for my child's photograph to be printed and/or published in school newsletters/brochures. Yes, I grant permission.
 No, I do not grant permission.

I hereby grant permission for my child's photograph/videos to be used on the school's official website and/or app. Yes, I grant permission.
 No, I do not grant permission.

I hereby grant permission for my child's photograph/videos to appear on social media for official and/or personal use. Yes, I grant permission.
 No, I do not grant permission.

Please initial the highest permission granted (only one response necessary):

_____ Full name and image of student acceptable for display and/or publication together

_____ First name only and image of student acceptable for display and/or publication together

_____ No name included with image of student acceptable for display and/or publication

Authorization Statement

I understand group pictures may be taken including my child and will be altered (if I did not grant permission above) to obscure my child's face before publishing. I understand that Ozark Christian Academy is not responsible for pictures taken by unauthorized third party persons.

Yes, I understand and accept the terms stated in this Publicity Consent by Ozark Christian Academy. These terms are set indefinitely unless/until I personally revoke and/or change them.

Parent/Guardian's Authorized Signature: _____ Date: _____

Parent/Guardian's Authorized Signature: _____ Date: _____



Transfer Release Authorization of Student Records

Student's Full Name: _____

Name Student Goes by: _____ Date of Birth: ___/___/___

Current School Name: _____

Current School Address: _____

Current Grade Level: _____ Current School Phone Number: _____

As the parent/legal guardian of (Student) _____, I hereby authorize (Current School) _____ to release copies of all school records to Ozark Christian Academy. I waive my right of access to any information deemed confidential in my child's file.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Please return completed form with Enrollment Packet to Ozark Christian Academy.

To the Current School:

The above named student is applying to Ozark Christian Academy.
Please send all school records per parent/legal guardian's request to:

OCA Admissions ~ PO Box 398 ~ Neosho, MO 64850

Office: 417-451-1100 ~ Fax: 417-451-2059 ~ Email: office@oceaegles.com

Please include:

- All official academic records including progress reports and/or transcripts
- IEP/504 Plan and/or any special evaluation reports
- Standardized test scores of past two years (if applicable)
- Medical records

Please check any that apply to the above named student:

____ Student has been suspended

____ Student was expelled

____ Student was truant

____ Student/family's financial account is not current

____ Other: _____

Thank You

Authorized Signature: _____ Title: _____