



URBAN CHRISTIAN ACADEMY

SCHOLAR APPLICATION 2021 - 2022

FOR OFFICE USE ONLY

☐ ACCEPTED
☐ NOT ACCEPTED
☐ WAITLIST
☐ WITHDRAWN
☐ FILED

Student Information

Legal Name: _____
(First) (Middle) (Last)

Preferred Name: _____ Grade Applying For: _____

Date of Birth: ____/____/____ Gender: _____

Parent Information

Primary Parent/Guardian Name: _____
(First) (Last)

Cell Phone: (____)____-____ (Optional) Facebook Name: _____

Email: _____

Home Address: _____

Employer Name: _____ Work Phone: (____)____-____

Alternate Parent/Guardian Name: _____
(First) (Last)

Relationship to Student: _____

Home Phone: (____)____-____ Cell Phone: (____)____-____

Email: _____

Employer Name: _____ Work Phone: (____)____-____

EMERGENCY CONTACTS

Emergency Contact #1 Name: _____
(First) (Last)

Cell Phone: (_____)_____-____- Relation to Student: _____

This person has permission to pick-up my child from school: ☐ Yes ☐ No

Emergency Contact #2 Name: _____
(First) (Last)

Cell Phone: (_____)_____-____- Relation to Student: _____

This person has permission to pick-up my child from school: ☐ Yes ☐ No

SIBLING INFORMATION

Does this student have a sibling(s) living at this address currently enrolled in another school?
If so, please list them below:

Sibling Name	School	Date of Birth	Grade

Free and/or Reduced School Lunch

Does your household receive government assistance?

Example: government funds due to foster care, benefits from SNAP (food stamps), TANF, Section 8 or WIC

This information is used to determine eligibility for free and/or reduced school meals.

☐ Yes ☐ No

MEDIA RELEASE

I give my consent for my child's photograph to be used in printed materials, videos, or any promotion of Urban Christian Academy.. I give the school permission to publish any work my child produces for the purpose of using it as an example of what Urban Christian Academy is accomplishing with its students.

(Student's Name)

(Parent/Legal Guardian Signature)

(Date)

(Parent/Legal Guardian Printed Name)

TRANSPORTATION LIABILITY WAIVER

My child, _____, has permission to ride the bus or in a car to and from school and on all UCA field trips. I understand that UCA will provide transportation to and from school for my child. I commit to having them ready when the bus arrives and assuring that a trustworthy adult is at home when they arrive back from school. I, the undersigned, give my consent for the person identified above to be transported by Urban Christian Academy and will assume all liability for my child's participation in any activity/event and any injury that may result during the transport or at the event/activity. Further, by signing below:

1. I will **not** hold UCA, its officers, agents, employees, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such activities or such travel.
2. I hereby accept financial responsibility for personal items lost by my student.
3. I authorize UCA to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for my child in the course of such activities/events or such travel, and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
4. I accept full responsibility and hereby grant permission for me or my minor child to travel with UCA during the 2021-2022 school year.

(Parent/Legal Guardian Signature)

(Date)

(Parent/Legal Guardian Printed Name)

MEDICAL RELEASE

Has your child ever had or currently have (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Chronic/reoccurring illness | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Diet (food allergies) | <input type="checkbox"/> Physical conditions that would limit activities |
| <input type="checkbox"/> Heart issues | <input type="checkbox"/> Emotional issues requiring medication |
| <input type="checkbox"/> Surgery or recent serious illness | <input type="checkbox"/> Other: _____ |

Please explain any medical history / current medical items checked above:

Medications taken regularly:

I give consent for my student, if needed, to receive the following over-the-counter medications according to the recommended dosage listed on the medications. Please check all that apply:

- ☐ Acetaminophen
- ☐ Ibuprofen
- ☐ Pepto Bismal
- ☐ Decongestants (cold medication)
- ☐ Antihistamine
- ☐ Cough drops

I give permission for my child, _____, to participate in all UCA activities and authorize the leaders supervising these activities to administer emergency treatment to my child for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover all programming during the 2021 - 2022 school year. I understand that I am to provide primary healthy insurance and that any insurance coverage of the school; which may apply, will apply secondarily. I agree to be responsible for any expenses incurred for such treatment.

(Parent/Legal Guardian Signature)

(Date)

(Parent/Legal Guardian Printed Name)

UCA Parent / Guardian Commitment

I, _____, agree to support the rules and policies at Urban Christian Academy as laid out in the family guidebook. I understand that my child's enrollment is contingent on my attendance at UCA required events (parent orientation, parent teacher conferences, family day). I agree to keep the school updated with accurate contact information and to respond to any urgent communication concerning my child.

(Parent/Legal Guardian Signature)

(Date)

(Parent/Legal Guardian Printed Name)

(Scholar Printed Name)