

Junction Christian Academy

"Providing an academic education of excellence in a Christ centered environment."

9924 Catchings Rd. Hobbs, NM 88240

NOTICE OF NONDISCRIMINATORY POLICY

Junction Christian Academy admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nationality, and ethnic origin in administration of its educational policies, admission policies, or school-administered programs.

ADMISSION/REGISTRATION PROCEDURES

REGISTRATION PROCEDURES

1. JCA begins registration for the following school year each year in January when the new semester begins. Each year an Early Bird Special of \$100 is offered until March 15th for enrollment/registration. After March 15th, the fee is \$150. **This fee is nonrefundable.**
2. Entrance will be based upon the school's ability to meet the needs of the individual student. **JCA does not provide Special Education Services.** Normally, students who are more than one year behind grade level are not accepted for admission on the basis of our inadequacy to meet that student's needs. And entrance exam will be given to all students on all grade levels.
3. Students must be up to date on immunizations and include a birth certificate, social security number and immunization record before the first day of school. If the student is exempt from immunizations, the office must receive notification of approval from the state.

ADMISSION PROCEDURES

Our desire is to provide your child with the best Christian education possible. We believe that children should be well equipped in regard to academics, but even more important is their knowledge of the ways of the Lord and their relationship with Him. As home, church and school work together, this process can be enhanced and enriched. In order to do that, we need to form a partnership with families who seek to live their lives in agreement with our Statement of Faith. **We do not accept students on a first-come-first-serve basis, but are diligent in screening potential students from families who will work with us and who share this common goal.**

Therefore it is important that the following criteria be met prior to application.

Criteria #1—Students must have a positive report from their current school. These reports include report cards and confidential recommendations. We do not admit students that need improvement in behavior or who have been dismissed for disciplinary problems from any other school, or a student with high levels of unexcused tardies/absences.

Criteria #2—Families must accept and support the Biblical principles outlined in our Statement of Mission, Vision, and Statement of Faith.

Criteria #3—Families must agree to support the school and its policies without reservation.

*JCA reserves the right, with its sole discretion, to refuse admission of an applicant or to discontinue enrollment of a student.

APPLICATION PROCESS

JCA uses an application process for determining qualified candidates. Application packets are available through the school office. We accept students who have a godly character. **We are not an outreach or rehabilitation program for students with character problems.** Our admissions process entails the following steps:

1. Submission of a completed student application.
2. Entrance testing/screening
3. Payment of the registration fee.
4. Interview with parents and student.

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Application for Admission

Enrollment Information

School Year _____ Grade Entering _____
Date of Enrollement _____ Student SSN _____
Student's First Name _____ Middle Initial _____
Student's Last Name _____ Gender _____
Ethnicity _____ Age _____
Date of Birth _____ Place of Birth _____
Enrolled Sibling _____ Grade _____
Enrolled Sibling _____ Grade _____
Enrolled Sibling _____ Grade _____

Family Information

Father/Guardian: _____
Relation to Student _____
First Name _____ Last Name _____
Work Phone _____ Employer _____
Occupation _____
Home Address _____ City/State _____
Home Phone _____ Cell Phone _____
*Email Address _____
Mother/Guardian: _____
Relation to Student _____
First Name _____ Last Name _____
Work Phone _____ Employer _____
Occupation _____
Home Address _____ City/State _____
Home Phone _____ Cell Phone _____
*Email Address _____

Academic Information

Previous Schools Attended **Please give complete address.**

Last School Name _____
Address: _____ City: _____ State: ___ Zip: _____
Grades: _____ to _____ from (year): _____ to _____

School Name _____
Address: _____ City: _____ State: ___ Zip: _____
Grades: _____ to _____ from (year): _____ to _____

Full disclosure by parents before admission to JCA about learning or behavioral difficulties is a must. Failure to do so may result in dismissal of your student. If you have further information that may assist in the guidance and placement of your student at JCA, such as medical, psychological, or other information, please list on a separate sheet of paper.

Does this student have any known learning disabilities? YES NO If yes, explain:

Has this student had any major discipline problems at home/school? YES NO If yes, explain:

List any difficulties academically, behaviorally, emotionally and socially that your child has had in school:

Has this student been expelled, dismissed, suspended, or refused admission to another school?

YES NO If yes, explain: _____

Has this student ever been under the supervision of a parole officer or under the custody of juvenile courts?

YES NO If yes, explain: _____

Please indicate academic level of student's previous work: Excellent Good Average Poor

Has this student ever been retained in school? YES NO If yes, explain: _____

I have answered these questions honestly and to the best of my ability and knowledge.

Parent

Date

Please make a full statement as to why you desire your child to enter Junction Christian Academy.

Christian Experience

Denominational Preference: _____

Father: _____ Mother: _____

Name of Church presently attending: _____

Do you attend Sunday school or church? Regularly Occasionally Never

Does this student attend Sunday school or church? Regularly Occasionally Never

Please make a full statement of your personal Christian experience of faith.

Statement of Faith

We believe that the Bible is the inerrant, infallible, Holy Spirit inspired word of God. We believe in Creation and that man was created in the image and likeness of God. We believe that all men are born with the need of a Savior. We believe that Jesus Christ, The Son of God, was conceived of the Holy Spirit and born of the Virgin Mary; that He died on a cross for our sins; He boldly arose from the dead and ascended to heaven, where at the right hand of God the Father, He is now our High Priest and Advocate. We believe that He will personally come again. We believe in His power to save men from sin. We believe in the power of the Holy Spirit. We believe that salvation is by grace through faith in the atoning blood of our Lord and Savior, Jesus Christ. We believe that God is almighty and deserves our praise and worship. The method used to worship God is not as important as the fact that we do worship Him. We are created for the pleasure of God and to fulfill His purpose.

We believe that this Statement of Faith is a basis for Christian fellowship based on God’s love, which is greater than the differences we possess, and all those who sincerely accept it can and should live together in peace and harmony through promoting the cause of Jesus Christ.

Your signature indicates your desire to have you child(ren) taught from a Christian perspective as reflected in this Statement of Faith.

Parent of Guardian Signature

Parent or Guardian Signature

Date

Date



Parent's Pledge

If my child is accepted at Junction Christian Academy, I agree to support, to the best of my ability:

- My child's education by supervising assigned homework and by keeping in regular contact with his/her teachers as needed,
- The various policies and activities of the school,
- The "Statement of Faith" and the spiritual and moral standards of the school,
- The disciplinary standards of the school that include the use of Biblical corporal punishment.

I agree:

- That my student is to receive training in the Bible and will support the school in its endeavors to encourage and guide my child in applying these teachings,
- To have my student to school on time each day and to pick them up promptly after school,
- To not send my student to school when he/she is ill so as to help prevent illness from spreading to other students,
- To pay tuition and all fees in the agreed timely manner and to abide by all policies in this regard,
- That I do not have any outstanding fees, tuition, accounts and other obligations to any school previously attended,
- That Junction Christian Academy has my permission to use my child's photograph in school publications for the purpose of promotion.
- That Junction Christian Academy may use its discretion in administering placement/screening tests for my child.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

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MEDICAL EMERGENCY AUTHORIZATION FIELD TRIP PERMISSION

Student's Full Name: _____
Last First Grade

Alternate Emergency Contact (local people to contact if parent/guardian cannot be reached)

Name _____ Phone Number(s) _____

Date of Last Physical Exam _____

Physician Name/Address _____ Phone _____

Hospital Name/Address _____ Phone _____

Dentist Name/Address _____ Phone _____

Insurance Company _____ Policy Number _____

Please indicate if student has had or is currently under treatment for any of the following conditions. Give the year or age when the problem occurred:

_____ Tetanus Shot: (date) _____	_____ Meningitis
_____ Heart Problems: (type) _____	_____ Migraine Headaches
_____ Ear/Hearing Problems (type): _____	_____ High Blood Pressure
_____ Bleeding Disorders (type): _____	_____ Seizures
_____ Hepatitis: (type): _____	_____ Asthma
_____ Infectious Diseases: (type): _____	_____ Diabetes
_____ Muscular Weakness or Paralysis	_____ Use of Contact Lenses ___ Yes ___ No
_____ Emotional Problems:	_____ Latex Allergy ___ Yes ___ No
_____ Other _____	
_____ Reactions to Medicine or Injections? _____	
_____ Hospitalized for surgery/accidents? _____	
_____ Ever been informed of antibiotic therapy prior to dental treatment? ___ YES ___ NO	

If yes, explain: _____

PLEASE ADD ANY PROBLEMS NOT LISTED: _____

I hereby authorize Junction Christian Academy to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and/or surgical care, in the event I am not immediately available. Any qualified physician, called by JCA may treat and do whatever is necessary for the health and well-being of my child. It is understood that a conscientious effort will be made to notify me (the parent) before such action will be taken. I also agree to accept full responsibility for all costs of any above-mentioned medical surgical services.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

By my signature on this form, I hereby consent to allow my child to participate in field trips supervised by the JCA staff away from the school grounds to nearby points of interest.

Parent/Guardian Signature: _____

Date: _____

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OTC Medication Permission Form

Instructions: Please initial Yes or No for each medicine. Sign and date the form.

No student will be given these items without a signed form on file in the office. The form must be completed and turned in for registration to be complete.

Student Information

Student _____ Date of Birth _____ Grade _____

Allergies _____

Over the Counter Medicine

Consent	Medicine	To Treat
Yes _____ No _____	Mints	For mildly irritated throat or mild cough, not accompanied by a fever
Yes _____ No _____	Antibiotic cream	For minor scrapes and cuts
Yes _____ No _____	Aloe Vera Gel	For minor burns
Yes _____ No _____	Benadryl Cream	For minor rashes that itch or burn
Yes _____ No _____	Tylenol	Headache and other mild discomfort
Yes _____ No _____	Motrin	Sore throat

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

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Student Emergency Contacts Release Authorization

We must have a record of who may pick up your student. A student cannot leave campus for any reason without first being checked out through the office. Only persons listed on this form will be allowed to pick up students. Phone calls or notes to the office stating that someone who is not on this list may pick up a student are not allowed. All persons must be listed on this page! Your student's safety is our first concern.

STUDENT'S NAME _____ **GRADE** _____

Persons **(INCLUDING PARENTS)** who **MAY** pick up the student:

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Persons who may **NOT** pick up the student **(If a parent is not allowed to pick up his/her child, we must have court documentation in student's file):**

Parent(s) Phone number _____ Cell# _____

Parent/Guardian Signature _____

Date _____