



WAVES CHRISTIAN ACADEMY

Academic Excellence In A Christ-Centered Environment

Student Application

Student First Name: Middle: Last:
Birthplace City, State: DOB: Gender: Grade Entering:
Optional: Home Church (if any) Denomination:
Student primarily lives with:

Primary Parent: (state relation)

First Name: Last:

Spouse Name:

Address:

City, State, Zip:

Phone Numbers:

Email:

Optional: Home Church:

Status: ☐ Married ☐ Divorced ☐ Single ☐ Stepparent

Additional Parent: (state relation)

First Name: Last:

Spouse Name:

Address:

City, State, Zip:

Phone Numbers:

Email:

Optional: Home Church:

Status: ☐ Married ☐ Divorced ☐ Single ☐ Stepparent

Person authorized to pick-up student:

Person **NOT** authorized to pick-up student:

I grant permission for my child to walk or bike from campus at dismissal ☐ Yes ☐ No To what location?

Students can arrive to school up to twenty minutes before school starts, and must be picked-up within twenty minutes of dismissal. **Sign here** stating our knowledge and compliance of this policy:

I grant permission for the following information to be shared:

Student Photo: Brochure, website, newspaper articles, yearbook, school bulletin boards, emailed/printed newsletter to parents and volunteers, school Facebook page, emailed/printed church newsletter.

Student Name: Yearbook, bulletin boards, newspaper articles, emailed/printed newsletter to parents/volunteers/church.

Sign here stating your permission:

School Technology and Internet Permission

Students are required to use the school's Technology properly; damage, loss, or inappropriate use will result in termination of privileges, fees and payments, and/or additional consequences.

Internet access is available to students at school. The Internet offers vast, diverse, and unique resources to students. Our goal in providing this service to students is to promote educational excellence by facilitating resource sharing, innovation, and communication. With access to computers and people all over the world also comes the availability of material that may not be considered of educational value in the context of the school setting. We have taken available precautions to restrict access to inappropriate content. However, on a global network it is impossible to control all materials and an industrious user may discover inappropriate information. Students are expected to practice efficient, ethical, and legal utilization of the network resources. If a user violates any of these provisions, their access will be terminated, and future access could possibly be denied.

I grant permission for my child to use school computers and technology for research, reports, lessons, and projects (Students): I acknowledge that my parent and I have read the School Technology and Internet Policy above and



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agree to all terms.

Parent Signature:

Student Signature:

I grant permission for my child to attend all local school field trips and activities within the school year, walking or riding. In addition, periodic field trips, I give permission for my child to take neighborhood walks/runs, walk/ ride to the city parks, downtown, beach and the library as often as the teacher chooses. (Long Distance field trips will require a different permission form to be signed at those times.)

☐ Yes ☐ No

Parent Signature:

With my signature, I hereby acknowledge compliance with Waves Christian Academy policies stated in, but not limited to, the school handbook

Primary Parent Signature:

Additional Parent Signature:

Student Signature:

PLEASE COMPLETE MEDICAL INFORMATION ON PAGE 3.



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Student Medical and Emergency Information

Student Name

Date of Birth:

Parent's Names and Contact Numbers:

Student's Physician:

Physician's Phone Number:

Physician's Address, City, State, Zip:

Emergency Contact: If the parents listed on the front of this application form are not available, please contact the following (list name, relation, and phone numbers):

List student allergies, including diet, medications, or natural allergens:

List student school history, including attendance, IEP, needs, behavior, subject areas of concern:

List and describe student medical conditions, needs, and instructions, including but not limited to asthma, diabetes, or seizure disorders, and current medications:

List and describe any additional medical, social, or behavioral information:



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Consent to Treatment

We, the undersigned parents, and guardians of _____, a minor, do hereby consent to any medical examination, X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of (child's physician) _____, or any physician the school may call, whether such diagnosis is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization. It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to Waves Christian Academy personnel or the physician to exercise their best judgement as to the requirements of such diagnosis or treatment. This consent will remain in continuous effect until revoked in writing and delivered to the physician named above or to the school entrusted with custody of said minor

Date of last tetanus shot:

THE ABOVE STUDENT NAMED (☐ IS / ☐ IS NOT COVERED BY HEALTH INSURANCE

Health Insurance Company:

Policy Number:

Name and DOB of sponsor:

Effective Date:

Primary Parent Signature:

Additional Parent Signature: