



APPLICATION FOR ADMISSION

Submitting an application to Jefferson Christian Academy does not ensure that you will be accepted for admissions. Your completed application will be evaluated by the Admissions Committee on content and neatness. Incomplete applications will not be approved. **Please print all information in ink.**

Section 1 – Student Information

Last Name	First Name	Middle Name	Sex
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Address	City	State	Zip
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Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

Social Security #	Date of Birth (MM/DD/YYYY)	Citizenship	Country of Birth
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Home Church Name	Pastor's Name	T-shirt Size
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Entering Grade: 9th ___ 10th ___ 11th ___ 12th ___ **ESL:** Yes ___ No ___ **Residence:** Dormitory ___ Village ___

Are either one of your parents an employee of the SDA Conference: ___Yes ___No

Have you been baptized: ___Yes ___No

List any previous schools you have attended, starting with 8th grade:

School Name	Address
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School Name	Address
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School Name	Address
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Student Commitment:

If accepted, I hereby agree to abide by the policies and standards of Jefferson Christian Academy. I agree to take responsibility for my school fees and to do my best at the job(s) assigned to me. I will cooperate in upholding the standards of Jefferson Christian Academy as stated in the school handbook or as instructed verbally by faculty and staff.

Student Signature	Date
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Section 2 – Guardianship Information

Parent/Guardian 1:

Last Name First Name Middle Name Relation

Address City State Zip

Cell Phone: Home Phone: Email:

Work Phone # Occupation Employer

Student lives with

Parent/Guardian 2:

Last Name First Name Middle Name Relation

Address City State Zip

Cell Phone: Home Phone: Email:

Work Phone # Occupation Employer

Student lives with

Check all that apply: Mother is deceased Father is deceased Parents are separated Parents are divorced
Does the family have an unpaid school bill at another school? Yes No

If yes, how much? Please explain:

Parent Commitment:

I agree to the regulations and policies of Jefferson Christian Academy as stated in the school handbook. I give permission for my student to participate in any extra-curricular activities unless specified and submitted in writing to the administration. I give permission for my student to be photographed and/or videotaped throughout the school year for instructional, promotional, or entertainment purposes, including but not limited to the school website and yearbook. I have carefully considered the financial information in the current JCA handbook and agree to assume full financial responsibility for this applicant. I understand that if the student's account is not kept current, the student may not be allowed to continue his/her studies. I understand that the student's account with JCA shall be paid in full before a diploma or transcript can be issued. My signature indicates my support of the school's guidelines and programs.

Parent Signature Date



JEFFERSON

CHRISTIAN ACADEMY

Address: 3060 FM 728, Jefferson, TX 75657 | Phone: (903) 665-3973
Email: info@jca-tx.org | Website: https://www.jca-tx.org

Student Name

MEDICAL INFORMATION

Student Information:

Last Name First Name Middle Name Sex

Social Security # Date of Birth (MM/DD/YY) Insurance Provider

Parent Information: Parent/Guardian 1:

Last Name First Name Middle Name Relationship

Mailing Address City State Zip

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian 2:

Last Name First Name Middle Name Relationship

Mailing Address City State Zip

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Consent to Treatment:

As the guardian of the minor specified above, I recognize that instances can arise when medical attention may be necessary while my child is a student under the care of Jefferson Christian Academy. I hereby consent to any medical or surgical diagnosis or treatment, x-ray examination, anesthetic, and hospital service that may be required for my student. I understand that this consent is given in advance of any specific diagnosis or treatment which might arise. I authorize representatives of Jefferson Christian Academy or licensed physicians to exercise their best judgment as to the requirements of such diagnosis or treatment and for the Physicians to discuss my student's medical information with the representative of Jefferson Christian Academy who accompanies my student. I authorize any hospital, physician, or any other person who has attended to or examined my student to furnish any appropriate insurance company or its representative with any and all information in regard to illness, medical history, consultation, prescription, or treatment of my student, as well as copies of all hospital or medical records. This consent shall remain in continuous effect until revoked in writing. A photocopy of this authorization shall be considered as effective and valid as the original. I will assume all financial responsibility for any medical treatment of my student that is not covered by the insurance policy of Jefferson Christian Academy.

Parent/Guardian Signature

Date

Emergency Contacts:

If we are unable to make contact with you in an emergency, who may we contact (in the order listed below) to make decisions regarding your child?

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Preferred Treatment:

Family Physician Phone # Hospital

Emergency Physician Phone # Hospital

Dentist Phone # Practice

Medical Information:

Has your student ever experienced any serious allergies, injuries, illness, surgery, or disability? ___Yes ___No

If yes, please explain:

List any allergies your student has, including medications or antibiotics: _____

List any prescriptions that your student will have at Jefferson Christian Academy: _____

List any over-the-counter medications your student is allowed to receive: _____

Initial Please do not give any medications without my consent.

A copy of the student's immunization form MUST be filed with Jefferson Christian Academy.

Initial I understand that if my student's immunizations are not up to date within 30 days of registering my student may be sent home until either the immunizations are updated or I will file an immunization waiver with the Texas Department of Health.

INSURANCE:

Initial A photocopy of my student's insurance card is attached to this form OR check the statement below:

Initial My student does not have any kind of insurance coverage.

Parent/Guardian Signature: _____

Date: _____



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Student Name

Student Cell Phone #

CONTACT FORM

Mother/Guardian's Name: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

I would like email communications: ____ Email Address: _____

I can receive text messages: ____ I prefer postal service mail and/or phone calls: ____

Father/Guardian's Name: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

I would like email communications: ____ Email Address: _____

I can receive text messages: ____ I prefer postal service mail and/or phone calls: ____

Allergies (Food and/or Seasonal):

Allergies to Medication:

Medical Conditions: (such as: wears glasses, ADHD, has seizures, etc.)

**** Prescriptions that my student takes. Please list the name, dosage, and what condition it was prescribed for on the back of this form. ****

This section is for international students only

US Sponsor Name: _____

Mailing Address: _____ City/State/Zip _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____



JEFFERSON CHRISTIAN ACADEMY

Address: 3060 FM 728, Jefferson, TX 75657 | Phone: (903) 665-3973
Email: info@jca-tx.org | Website: <https://www.jca-tx.org>

Student Name

ATTENDANCE CONTRACT

Jefferson Christian Academy is committed to providing quality Christian Education to our students. We expect all students to be in their classes and on time. In harmony with Texas state law and the Jefferson Christian Academy policies, students will not be allowed to accumulate multiple tardies and/or absences to classes.

A student is only allowed to miss up to 5 classes unexcused per semester. Missing more than 5 can result in automatic failure of a class. Picking students up early for home leaves, returning late or taking a day shopping are not excused. The only valid excuses from classes are illness or death in the family. Note 3 unexcused tardies is equal to 1 unexcused absence.

Correct Procedure for Absence of Any Kind

Dorm: In case of illness, students must talk with the Dean or the Assistant Dean before any appointments, classes, or work periods are missed. This is usually by 8:00 a.m. If a student becomes ill during the day, the student must speak to their supervisor or teacher immediately. If sent to the dorm, the student must find and inform the Dean or Assistant Dean immediately. The student will be placed on sick list and may not leave his/her room for the entire day. Meals will be brought to the student.

Village: Parents/Guardians are asked to call the office before any class or work appointments are missed. A voice mail message may be left indicating the student's absence and the reason.

Upon Returning to School & Work

For village students, if a parent has not called, a note from the parent must be supplied. An email excuse will be sent to all teachers if the student is excused. Repeated tardies to classes will be dealt with on an individual basis by the Academic Standards Committee. Parents will be contacted about repeated violations.

Note: Work absences are treated in the same manner. Students must contact work supervisors before missing work.

Parent's Contract:

I have read and understand the above attendance policy. I agree to uphold and abide by the policy and guidelines as set forth by Jefferson Christian Academy. I understand that this policy is mandated by the State of Texas and must be enforced. I understand that if my student fails to uphold this policy he/she may be disciplined or may fail the class due to attendance.

Parent/Guardian Signature: _____

Date: _____

Student's Contract:

As a student of Jefferson Christian Academy I have read and agree to abide by the above attendance policy. I understand that this policy is mandated by the State of Texas and must be enforced. I will do my best to uphold this policy and understand that failure to do so may result in my suspension from and/or failure of classes.

Student's Signature: _____

Date: _____

DRESS CODE CONTRACT

Parent's Contract:

I have read the Jefferson Christian Academy guidelines for dress and appearance. As a parent, I will support Jefferson Christian Academy in their guidelines and will expect my student to abide by the guidelines while on the Jefferson Christian Academy campus or a school sponsored event/outing. I understand that if my student violates the dress code more than three times during the school year they may be sent home (at the parents' expense) for suspension as deemed necessary by the Administrative Council. I also understand that if my student violates these guidelines, the item of clothing in question may be mailed home at the expense of the parent/guardian or held for the parent/guardian to pick up.

Parent/Guardian Signature

Date

Student's Contract:

I have read and understand the Jefferson Christian Academy guidelines for dress and appearance. As a student, I will support Jefferson Christian Academy in their dress guidelines and will abide by the guidelines any time I am on the Jefferson Christian Academy campus or a school sponsored event/outing. I understand that if I violate the dress code more than three times during the school year I may be sent home (at my parents' expense) for suspension as deemed necessary by the Administration Council. I also understand that each and every time I violate the guidelines, my parent/guardian will be contacted for discussion and that the item of clothing in question may be mailed home at the expense of my parent/guardian or held for my parent/guardian to pick up.

Student Signature

Date



ACTIVITIES PERMISSION

As the parent/guardian of _____ (student), I understand that JCA participates in many activities both on and off the school campus.

I hereby give my student permission to ride with all the JCA faculty, both in school vehicles and in their personal vehicles as approved by the Administration of JCA. I also agree that my student is allowed to participate in all activities or school trips, both in and outside of the state of Texas, with the exception of those listed and initialed below:

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

PHOTOGRAPHY WAIVER

As the parent/guardian of _____ (student), I agree to allow JCA to use my student's photograph for school advertising purposes, such as, but not limited to: website, Facebook group, brochures about the school, newsletters, and yearbook.

Please check one:

_____ Yes, I agree to the above. I agree to allow my student's photograph to be in the JCA yearbook, and I understand it may used on the website or brochures, etc.

_____ No, I do not agree. Do not put my student's photograph in the yearbook or on the website or use it in any way.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

JCA TECHNOLOGICAL RESOURCES ACCEPTABLE USE POLICY

The school's information technology resources and Internet access are provided for educational purposes. Adherence to the following policy is necessary for continued access to the school's technological resources. Students must:

1. Respect and protect the privacy and well-being of yourself and others to;

- Communicate only in ways that are kind and respectful and report any threatening or discomforting materials to a teacher or staff person.
- Not share private or inappropriate information about yourself or anyone else on any kind of social networking site.
- Not use Personals or Dating web sites or solicit inappropriate relationships using social media, email or the internet.
- Not intentionally access, transmit, copy, or create material that violates the school's code of conduct such as messages that are pornographic, demonic, threatening, rude, discriminatory, meant to harass, or to harm the reputation of the school.
- Not intentionally access, transmit, copy, or create material that is illegal such as obscenity, threatening, stolen materials, or illegal copies of copyrighted works. Such as but not limited to movies, music, gaming, etc.
- Not send spam, chain letters, or other types of mass mailings.
- Never transmit the school's student rosters, directories, or personal information lists of any kind.

2. Respect and protect the integrity, availability, and security of all electronic resources

- Use only network accounts and resources that have been assigned specifically to you by the network administrator.
- Conserve, protect, and share these resources (students are not allowed to share their devices) with other students and Internet users
- Not view, use, or copy passwords, login names, data, or networks to which they are not authorized.
- Observe all network security practices.
- Not attempt to bypass network filtering, monitoring or security.
- Report security risks or violations to a teacher, staff member, or to the network administrator.

3. Respect the educational nature of our network and the intellectual property of others

- Not infringe copyrights, no making illegal copies of pictures, music, games, or movies.
- Always fully credit the appropriate use of another person's creative resources, such as images, music and video.
- Not plagiarize.
- Not buy, sell, advertise, or otherwise conduct business, unless approved as a school project.

To protect the network and internet availability and speed which supports access to educational resources, No movie, music streaming, gaming or non-educational downloads are permitted.

4. Avoid practices that use more than your share of the network resources

- Not making a habit of downloading or streaming software, music, or videos.
- Not using network resources for recreational use such as listening to radio stations or streaming music, or watching music and sports videos.
- Not install any software on any campus computer for any reason except with express permission of the network administrator.

5. All students bring their own computers for use in the dorm:

- Must identify their computer on the network with the IT Director.
- Must keep their operating system and anti-virus software updated and legal.
- Wireless connections are allowed only to the school's wireless network. Students should not bring or operate their own personal wired or wireless routers. Sharing personal hot spots is not allowed.

Students may, if in accordance with the policy above, use our campus network and technology resources for any educational purpose.

6. Headphones/Earbuds

To promote good social behavior and healthy interactions between students, JCA does not allow headphones or earbuds, etc. on our campus. Students can use them in their dorm room.

7. Network Tampering

Students are not to tamper with or alter any of JCA's network/computer hardware, wiring, etc. unless asked to help by an administration.

8. Parental/Guardian Monitoring Controls

We require all student devices to be monitored by parents/guardians monitoring controls. Here are couple of Apps we suggest you use; Bark, Kidslox or Saferkid. Unmonitored devices will be collected and returned to parents and a JCA laptop will be provided.

Consequences for Violations Violations of these rules may result in disciplinary action, including the loss of a student's privileges to use the school's information technology resources, connect to the school's network or have a computer in their room. **It is best to remember that just because you can do something on a computer doesn't mean that you should do it.**

Supervision and Monitoring School and network administrators and their authorized employees monitor the use of information technology resources to help ensure that users are secure and in conformity with this policy. Administrators reserve the right to examine, use, and disclose any data found on the school's information networks to further the health, safety, discipline, or security of any student or other person, or to protect property. They may also use this information in disciplinary actions and will furnish evidence of crime to law enforcement.

Notice Regarding Facebook, WhatsApp, Snapchat, Instagram, and Other Personals and Dating Websites and definition of Site and Relevant Policies. Social Media Apps and tools for dating and/or personals are not allowed on campus computers or student data devices. Furthermore, JCA does not allow anyone to publish texts, images, or any other information about Jefferson Christian Academy and its students, faculty, or staff without the permission of the school's administration and the technology coordinator. Regardless of where a student accesses the Internet--at home, at school, or in any other place--the student is in violation of the school's policy if the student violates this prohibition.

Consequences of Violations The school cannot block every inappropriate web site, but it aggressively monitors student access to the Internet. The school keeps a record of all Internet use. A student who visits "Personals and Dating" sites or any other like sites is in violation of the school's values and computer access of students who visit such sites will be disabled for a time appropriate to the offense. Further, the school will not tolerate the use of the Internet off-campus to relate information about the school and its students, faculty, or staff.

Conclusion Basing its policies on the recommendations of the NAD Technology and Distance Education Committee encourages students to use the Internet for academic purposes. The school further encourages students to act responsibly in their inevitable encounters with inappropriate web sites and e-mails. We wish to foster behavior that promotes responsible, mature Internet use, but we will not tolerate violations of our policies or of common decency.

The purpose of this notification is to explain the school's philosophy and particular rules and consequences, and to encourage parents to contribute to the student's healthy use of the Internet.

I HAVE **READ** EACH OF THE ABOVE ITEMS AND ACKNOWLEDGE AND UNDERSTAND MY OBLIGATIONS:

Student _____ Date _____

Parent/Guardian _____ Date _____