



# Jefferson Christian Academy

Address: 3060 FM 728, Jefferson, TX 75657 | Phone: (903) 665-3973  
Website: <https://www.jeffersonchristianacademy.org>  
Email: [jca.info@jeffersonchristianacademy.org](mailto:jca.info@jeffersonchristianacademy.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 and/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: \_\_\_\_\_

## 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.

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Parent/Guardian Signature

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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.

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Student Signature

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Date

Name: \_\_\_\_\_

**JCA TECHNOLOGICAL RESOURCES ACCEPTABLE USE POLICY  
2022 – 2023**

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 \_\_\_\_\_



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\_\_\_\_\_  
**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: \_\_\_\_\_



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## 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:

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\_\_\_\_\_  
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





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\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Cell Number

## DEAN'S INFORMATION FORM

**Mother/Guardian's Name:** \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Internet Access:  Yes  No Email Address: \_\_\_\_\_

**Father/Guardian's Name:** \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Internet Access:  Yes  No Email Address: \_\_\_\_\_

**Student Lives with**  **Both Parents**  **Mother**  **Father**  **Other:** \_\_\_\_\_

**If not both parents:**

**Who has Legal Custody of Student?** \_\_\_\_\_

**Does either parent have no rights to the student and cannot check them out of the dorm?**

\_\_\_\_\_

List up to five people (and their cell phone number) that can check your student out of the dorm without a phone call to you:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Any Prescription Medication that the student takes:

\_\_\_\_\_

\_\_\_\_\_

ALL Medications must be turned in to dean for dorm students and front office for village students. Faculty will confiscate all other medications. They will be kept in a "lock box" and must be checked out with the Dean or Office.



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## IMMUNIZATIONS REQUIRED BY THE STATE OF TEXAS

The following are required to enroll in our school. If a series is not completed, JCA can take them to our local Health Department to finish the series. If the student is 17 years of age and under and does not have medical insurance they may receive these at \$10 each. If they are 18 years old and no insurance the fee is substantial.

DTP/DT/TD, etc.	<ol style="list-style-type: none"><li>1. At least 3 doses</li><li>2. One must be on or after the 4<sup>th</sup> birthday.</li><li>3. One must be within 10 years</li></ol>
OPV/IPV (POLIO)	<ol style="list-style-type: none"><li>1. At least 3 doses</li><li>2. One must be on or after the 4<sup>th</sup> birthday.</li></ol>
MEASLES/MUMPS/ RUBELLA/MMR	<ol style="list-style-type: none"><li>1. One must be on or after the 1<sup>st</sup> birthday.</li><li>2. At least 2 doses</li><li>3. One can be just for measles (but one must be MMR or one of each Measles, Mumps, Rubella)</li></ol>
HEP B	3 Doses
HEP A	2 Doses
VARICELLA	<ol style="list-style-type: none"><li>1. One must be on or after the 1<sup>st</sup> birthday.</li><li>2. Or 2 doses if the first one was after 12 years of age.</li></ol>
MENINGITIS/MCV4	1 dose

If you need to apply for a religious exemption, please contact me by email for instructions at [mele.teekiu@jeffersonchristianacademy.org](mailto:mele.teekiu@jeffersonchristianacademy.org).

Sincerely,

Mele Te'ekiu  
Registrar