

STUDENT REGISTRATION FORM

a: 1714 SE 36th Ave, Ocala, FL 34471 p: 352.694.4178 f: 352.694.7192

w: ocacrusaders.com

	For Office U			
Date Condo	Scholarship	Book Fe	e	
Grade Entrance Date	Application Fee Testing Fee	Tuition		
Teacher	Registration Fee	Total Pa	Total Paid	
scholarship: (Check one if applies)S	tep Up McKay G	ardiner AAA FES		
11 /	GENERAL INF			
Legal Name of Child		Goes by	7	
Last	First	Middle		
Address			Zip Code	
Street	City	State		
Student Email		Student Cell		
Home Phone	Father Cell		Cell	
Parent's Email		Would you prefe	er e-mail statements? Yes No	
	Gender Race		Entering	
Month/Day/				
Name and Grades of OCA Siblings				
Father/Stepfather/Guardian Name			Work Phone	
Place of Employment		O	ccupation	
Address of Employment			Zip Code	
Street	City	State		
Mother/Stepmother/Guardian Name			Work Phone	
Place of Employment		O	ccupation	
Address of Employment			Zip Code	
Street	City	State		
If parents are divorced/separated, with wh		l legal documents defining custody and visitation	n must be on file with the OCA office.)	
Church of Affiliation				
		Street	City State	
Persons other than parents who are permit	ted to pick-up student and/or to	be notified in case of illness or a	ccident:	
Name	Addre		g:	
Relationship	Phone	Street	City State	
Name	Addre			
Relationship	Phone	Street	City State	

MEDICAL INFORMATION

Preferred Doctor	Address		Phone	
Preferred Dentist	Address		Phone	
Preferred Hospital	Insurance Carr	ier		
Policy number				
May the school call another physician if us	nable to contact above? Y	esNo		
Any Physical Disability or Medical Condition?	YesNo Descr	ibe		
	EXTENDED CAR	E INFORMATION		
Will the student be using any Early/Extended	Care services? Yes N	0		
My Student will be participating in the following	ng Early/Extended Care s	ervices:		
Early Arrival for Pre-K - 12 th grades (7	:00 - 8:00 A.M.)			
Late Afternoon Extended Care for Pre	-K - 5 th grades (3:20 - 5:3	0 P.M.)		
Extended Study Hall for 6 th - 12 th grad	les (3:20 - 5:30 P.M.)			
Additional Information that would be helpful t	o the teacher/staff:			
Parents, please read and sign below.				
As the undersigned, I understand that Ocala C of my child. I also understand that the Bible is Baptist in nature and in accordance with Cermedical emergency, my student may receive appeal be planned throughout the year with proper shold the school responsible in case of acciden print or digital media for the purpose of represhereby agree to keep current in all payments. I Handbook. I have read the current Financial Guidest of my knowledge.	taught in the school daily ntral Baptist Church. Off oppropriate medical attenti upervision. I hereby give t or injuries. Photograph senting the school. I am a agree to see that my chil	, and that Bible doctrines, philosophylice personnel may treat minor med on by our staff until paramedics arriving permission for my child to partity including your child at school and ware that all payment of tuition, fees diabides by the standards and require	y, and standards will be fi lical needs as necessary. ive. Several educational facipate in these field trips school activities may be so, etc. are due monthly in ements set forth in the cu	undamentally In case of a field trips will and will not published in advance and urrent <i>Studena</i>
Signature of Father/Stepfather/Guardian	Date	Signature of Mother/Step	mother/Guardian	Date
Students in grades 6 th - 12 th read and sign l	pelow.			
I have read the current Student Handbook and Ocala Christian Academy is a privilege and not my privilege to remain enrolled.				may lose
Signature of Student	Date			