



# STUDENT REGISTRATION FORM

a: 1714 SE 36th Ave, Ocala, FL 34471

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### For Office Use Only

Date _____	Scholarship _____	Book Fee _____
Grade _____	Application Fee _____	Tuition _____
Entrance Date _____	Testing Fee _____	Total Paid _____
Teacher _____	Registration Fee _____	

Scholarship ---- Step Up \_\_\_ McKay \_\_\_ Gardiner \_\_\_ Check one if applies

### GENERAL INFORMATION

Legal Name of Child \_\_\_\_\_ Goes by \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Street City State

Student Email \_\_\_\_\_ Student Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Father Cell \_\_\_\_\_ Mother Cell \_\_\_\_\_

Parent's Email \_\_\_\_\_ Would you prefer e-mail statements? Yes \_\_\_ No \_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_ Race \_\_\_\_\_ Grade \_\_\_\_\_  
Month/Day/ Year

Name and Grades of OCA Siblings \_\_\_\_\_

Father/Stepfather/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Address of Employment \_\_\_\_\_ Zip Code \_\_\_\_\_  
Street City State

Mother/Stepmother/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Address of Employment \_\_\_\_\_ Zip Code \_\_\_\_\_  
Street City State

If parents are divorced/separated, with whom does the child reside? \_\_\_\_\_  
*(All legal documents defining custody and visitation must be on file with the OCA office.)*

Church of Affiliation \_\_\_\_\_ Address \_\_\_\_\_  
Street City State

Persons other than parents who are permitted to pick-up student and/or to be notified in case of illness or accident:

Name \_\_\_\_\_ Address \_\_\_\_\_  
Street City State  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Street City State  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INFORMATION**

Preferred Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_ Insurance Carrier \_\_\_\_\_  
Policy number \_\_\_\_\_

May the school call another physician if unable to contact above? Yes \_\_\_ No \_\_\_

Any Physical Disability or Medical Condition? Yes \_\_\_ No \_\_\_ Describe \_\_\_\_\_

**EXTENDED CARE INFORMATION**

Will the student be using any Early/Extended Care services? Yes \_\_\_ No \_\_\_

My Student will be participating in the following Early/Extended Care services:

\_\_\_\_\_ Early Arrival for Pre-K - 12<sup>th</sup> grades (7:00 - 8:00 A.M.)

\_\_\_\_\_ Late Afternoon Extended Care for Pre-K - 5<sup>th</sup> grades (3:20 - 5:30 P.M.)

\_\_\_\_\_ Extended Study Hall for 6<sup>th</sup> - 12<sup>th</sup> grades (3:20 - 5:30 P.M.)

Additional Information that would be helpful to the teacher/staff: \_\_\_\_\_

**Parents, please read and sign below.**

As the undersigned, I understand that Ocala Christian Academy is staffed with qualified teachers and has full discretion in the classroom discipline of my child. I also understand that the Bible is taught in the school daily, and that Bible doctrines, philosophy, and standards will be fundamentally Baptist in nature and in accordance with Central Baptist Church. Office personnel may treat minor medical needs as necessary. In case of a medical emergency, my student may receive appropriate medical attention by our staff until paramedics arrive. Several educational field trips will be planned throughout the year with proper supervision. I hereby give my permission for my child to participate in these field trips and will not hold the school responsible in case of accident or injuries. Photography including your child at school and school activities may be published in print or digital media for the purpose of representing the school. I am aware that all payment of tuition, fees, etc. are due monthly in advance and hereby agree to keep current in all payments. I agree to see that my child abides by the standards and requirements set forth in the current *Student Handbook*. I have read the current *Financial Guide*. I hereby certify that all of the above information I have provided is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Father/Stepfather/Guardian Date

\_\_\_\_\_  
Signature of Mother/Stepmother/Guardian Date

**Students in grades 6<sup>th</sup> - 12<sup>th</sup> read and sign below.**

I have read the current Student Handbook and agree to abide by the standards and requirements as set forth. I realize that attending Ocala Christian Academy is a privilege and not a right. I also understand that if I fail to abide by the standards and requirements that I may lose my privilege to remain enrolled.

\_\_\_\_\_  
Signature of Student Date