

Kingdom Christian Academy & Rev. Henry Crowell Jr. Academy of Excellence
“Preparing Children for the Kingdom Spiritually, Academically, And
Emotionally”

INITIAL REGISTRATION APPLICATION 2825 S. W. 34th Avenue Ocala, FL 34474
Email: ddbao@gmail.com or kingdomchristianacademy@centurylink.net
Accredited by the Christian Schools of Florida &
The National Council on Private School Accreditation

Application for Admission

\$125 ADULT EDUCATION Application Fee due with this form

Student Information Applying for Grade _____ School
 Year ____ / ____

Last name _____ First name _____ Middle
 Name _____ Jr. Etc.

Preferred Name _____ Date of Birth ____ / ____ / ____ last grade _____
 completed

Social Security Number _____ Gender: Male ___ Ag _____
 Female ___ e

Place of Birth -City _____ Birth County _____ Birth State _____

Birth Country _____ Citizenship _____ What Date did you enter the
 U.S. Mainland
 (Any of the 50 states) Month _____ Day _____ Year _____

Do you fit homeless profile? Yes or no

Have you ever served in the uniformed services? Yes or no

*The social security number is collected to be used as the student identification number in the management information system maintained by the school (Florida Statue 1008.386) providing social security number is optional.

Please list the name and complete address of all previous schools attended as an adult

Name used _____ Grade or grades you attended this school and
 year
 attended _____

School Name _____ Name used

Street

Street

Address _____

Address _____

City _____ State _____

City _____ State _____

_ Zip _____ Zip _____

Educational Information

What is the last grade you completed? _____

Please list schools previously attended, starting with the most recent:

School _____ For which grades? _____

Street Address _____ City _____ State _____
Zip _____

Office Phone _____ School _____ or which grades?

Street Address _____ City _____ State _____ Zip _____

Office Phone _____ School _____ For which grades?

Street Address _____ City _____ State _____ Zip _____
Phone _____

For the following questions, please explain on a separate sheet any "yes"

responses. Has this student ever been suspended, expelled or asked to
Yes No withdraw from and
school attended?

Have you ever repeated a grade? If yes, which grade?

Yes No _____

Have you ever been evaluated, or referred for evaluation, for
Yes No learning
disabilities/difficulties?

Are you currently taking any prescribed medication or following
Yes No any prescribed
or recommended therapy or treatment?

Yes No Have you ever skipped or repeated a grade?

Yes No Are you planning to further your education beyond high school?

Yes No Is this first school experience in the United States?

Other Information for Registration \$125.00

Enrollment Fees: Tuition 575.00 Fees for Fees, Fees for testing-\$150.00, and
\$200 for uniform fees administrative fees \$100.00.

Who or what led you to **Kingdom Christian Academy & Rev. Henry Crowell Jr.
Academy of Excellence**

Why do you desire to earn your high school diploma?

Describe your expectations of the school.

Cooperation Agreements:

In partial fulfillment of its desire to see the vision of **Kingdom Christian Academy & Rev. Henry Crowell Jr. Academy of Excellence** realized both within and without its institutional walls. KCA sets forth the following as agreements expected from, and made with students.

Student Cooperation Agreement

I commit to strive for excellence in all that I do as a student, whether in heart or in head.

I commit to cooperate obediently and respectfully with all those in authority over me. I commit to submit obediently and respectfully to administrative policies of the school, including those of conduct and dress code.

I agree to support the school through positive comments in the community and through becoming a member of the school alumni association.

I agree to be an active member of the school recruitment team by enrolling my child/ren or recommending others for enrollment in the school.

Signature _____

Date _____ **Cooperation Agreement**

I commit to support the school with my time, talent and treasure to the best of my ability. I commit to comply with all pertinent administrative policies of the school, including those academic standards, discipline, and dress code.

I commit to respect the final professional judgment of the school regarding grade-level placement and continued enrollment in **Kingdom Christian Academy & Rev. Henry Crowell Jr. Academy of Excellence**.

I commit both to remain in regular and open communication with **Kingdom Christian Academy & Rev. Henry Crowell Jr. Academy of Excellence** to ensure that the formal education begun in the classroom continues in the home, whether as study, homework or work-ethic formation.

I commit to bear financial responsibility for any and all damages caused to school property by me.

I commit to speak good of the school and to support the Alumni association that is in place to ensure that others receive the opportunity afforded to me by making periodic donations to the school when I am successfully employed or in college. I have read and understand the Financial Information.

Signature _____ Date _____

Family Information

SPOUSE or Closest Relative not living with you

Title (Circle one) Dr. Rev. Mr. Title (Circle one) Dr. Mrs. Ms.

Name _____ Name _____

Street Address _____ Street
Address _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

Home Phone _____ Home Phone _____
Cell
Phone _____ Cell Phone _____

Email _____ Email _____
Work
Phone _____ Fax _____ Work Phone _____ Work
Fax _____

It is the policy of **Kingdom Christian Academy & Rev. Henry Crowell Jr. Academy of Excellence** to accept applicants without regard to economic, social, racial, or denominational status.

If parents are living, please list the name, address and phone number.

Staff Signature: _____ Date:

Kingdom Christian Academy & Rev. Henry Crowell Jr. Academy of Excellence ,
519 SW 10th Street Suite 100th & 200th, Ocala, Florida 34471

Website: <http://www.kingdomchristianacademypcp.org/>

SCHOOL USE ONLY

School Name: Entry / / School Year:

Date: /

Student ID #: Entry Code: yes no Route # _____ Health
Network Access: or

Exam Code _____

Immunization Code: Expiration / Birth yes no
Date: / / Verification: or

~ An Equal Opportunity School-

Please submit a two page **ESSAY** with this application where you discuss the reason you would like to receive your high school diploma and

what you expect to achieve from **Kingdom
Christian Academy & Rev. Henry Crowell Jr.
Academy of Excellence**