



ELMIRA CHRISTIAN ACADEMY

235 E. Miller Street, Elmira, New York 14904

tel. (607) 734-7195 fax (607) 737-2785

www.elmirachristianacademy.com

Rev. David Cook, Administrator – Mr. Martin Douglass, Principal

STUDENT APPLICATION

STUDENT INFORMATION:

Name *(Last, First, Middle)* _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

School District _____

Home Phone _____ Cell Phone _____

Age _____ Sex _____ Date of Birth _____ Grade entering _____

If Pre-K, please indicate whether full days or half-days: _____

Emergency # _____ Name _____

Will he/she ride a bus? _____ If private transportation with who? _____

FAMILY INFORMATION:

Father's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Employer _____

Business Phone _____ Cell Phone _____

E-mail: _____

(leave blank if not checked regularly)

Do you attend church? _____ How often? _____

Church Name _____

Pastor's Name _____ Phone _____

Mother's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Employer _____

Business Phone _____ Cell Phone _____

E-mail: _____

(leave blank if not checked regularly)

Do you attend church? _____ How often? _____

Church Name _____

Pastor's Name _____ Phone _____

If child is not living with his/her natural mother and/or father, please explain the situation:

Other children living with the family:

Name	Date of Birth	Grade	School Attending
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Does the applicant attend church on a regular basis? _____

If so, where? _____

Has the student ever been suspended? _____ Expelled? _____ or asked to withdraw from a school? _____ (If so, please give full details on a separate sheet of paper, including the principal's name and the name and address of the school.)

Has the student ever been held back in a grade level? _____ If yes, please give details.

Do they have any special needs, such as a 504 plan, an IEP, physical limitations, or learning disabilities? _____ If so, please explain. _____

Has the student ever received any professional counseling or psychological testing? _____

If so, for what reason? _____

Please list previous school(s) attended.

Name of School	Address	Years
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Is your child taking any medication(s)? _____ If yes, please list all medications and whether the child be taking the medication during school hours.

AGREEMENT SHEET

In consideration of Elmira Christian Academy accepting my child as a student. we agree to the following terms and conditions:

PERMISSION FOR SCHOOL-RELATED ACTIVITIES

I hereby give my permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises. I also hereby absolve the school from liability to me or my child because of any injury to my child at school or during any school activity, and I will encourage my child to comply with school regulations while participating in such activities, realizing that we represent Christ.

DISCIPLINE

I herewith agree to authorize this school to employ such discipline as seems wise and expedient for my child and I am convinced that the school personnel have our best interest in mind and that all discipline is done for the purpose of correcting, not punishing.

TUITION

I hereby pledge to pay my financial obligation for Elmira Christian Academy on or before the date due. I realize that parents are responsible for providing funds for supplies and the payroll.

STANDARDS OF CONDUCT AND DRESS

I understand the standards of Elmira Christian Academy do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, immodesty of dress, disrespect to the personnel of the school.

P.T.F. AND SCHOOL FUNCTIONS

Realizing the importance of the Parent-Teacher-Fellowship to building effective parent-school relations, I agree to be faithful to attend these meetings. In any troublesome or problem situation I agree to speak to a person in charge of that activity before discussing the situation with others (see Matt. 18).

PRAYER

I agree to pray faithfully for the Lord's leading and blessing on Elmira Christian Academy.

Signature of Father or guardian _____

Signature of Mother _____

Kindly state in detail why you wish your child to attend Elmira Christian Academy.

Did anyone refer you to ECA? _____

If not, how did you hear about ECA? _____

Kindly have your pastor fill out the Pastoral Recommendation form, below. Please forward both forms to Elmira Christian Academy, 235 E. Miller Street, Elmira, New York 14904.



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PASTORAL RECOMMENDATION FORM

Dear Pastor,

Elmira Christian Academy was founded upon Christian principles with the belief that we are partners with the parents of our students – co-laborers with them in training young men and women in the ways of the Lord. To that end, it is our desire to ensure that each of our families live by the same convictions, so strengthening our school and buttressing the faith of every student. By filling out this form candidly, you will be helping us as we strive to fulfill our mission in Christ. Thank you for your time.

Name of family: _____

Church Name: _____

Name of Pastor (i.e., you): _____

Position (i.e., Senior Pastor, Assistant Pastor, etc.): _____

Telephone: _____

How long have you known this family? _____

On average, how often does this family Sunday services, not including youth meetings:

weekly twice a month once a month occasionally

Do the parents and children all attend?

yes no

If “no,” please explain: _____

Please write a paragraph or two describing this family. Include such things as how they demonstrate their faith, how active they are in church functions, how their children behave, any church leadership positions they have held, service they have demonstrated, whether they tend to encourage others or discourage them, whether they tend to bring peace or division, their strengths as parents and as a family, and any areas of concern. Sign and date on back.
