

**NEW APPLICANT
REGISTRATION CHECK LIST**

- _____ Application
- _____ Student Information Blank forms (2) to be filled out by a teacher, counselor, Principal, etc.
(Not by a parent or family member)
- _____ School Regulation form
- _____ Student & Parent/Guardian Information form
- _____ Medical Information form
- _____ Continuing Consent for Treatment
- _____ Permission Slip
- _____ After School Garment changing form
- _____ Recommendation form
- _____ Student Pick-Up form
- _____ School Bulletin form
- _____ E-mail/User Name/Password form
- _____ Report Card 1-8
- _____ Birth Certificate for Kindergarten & 1st grade Students
- _____ Proof of Physical required yearly
- _____ Registration Fee and 1st Months' Tuition
- _____ Scholarship comment form (Step Up For Student or AAA)
(If applicable)



3111 East Wilder Avenue ■ Tampa, Florida 33610
Phone (813) 238-0433 ■ Fax (813) 231-0804
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AFTER SCHOOL GARMENT CHANGING FORM

Student's Name _____

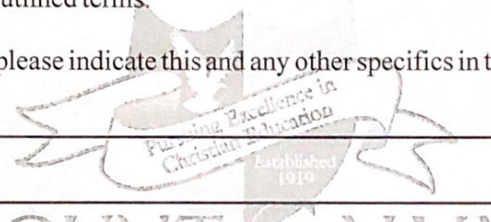
Student's Name _____

Student's Name _____

Student's Name _____

I assume full responsibility for my child/children changing clothing after school is dismissed. I am aware of the school's policy and agree to the outlined terms.

If only specific days are desired, please indicate this and any other specifics in the space below.



Parent's Signature _____ Date _____



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CONTINUING CONSENT TO TREATMENT

We, the undersigned parents or guardian of _____ minor, do
(Name of Student)
hereby consent to any X-ray examination, anesthetic, medical, or surgical diagnosis of treatment and hospital service that may be rendered to said minor under the general or special instructions of _____ M.D., or physician the school may call, whether such
(Physician's name)
diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Mount Calvary Junior Academy or the physician to exercise their best judgment as to the requirement of such diagnosis or treatment.

This consent will remain in continuous effect until revoked in writing and delivered to the physician named above or the school entrusted with the custody of said minor.

Dated: _____

(Father)

(Mother)

(Legal Guardian)

(Witness)



Mount Calvary Junior Academy

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MEDICAL INFORMATION SHEET

HEALTH INSURANCE

Student Name _____

The above student is _____ or is not _____ covered by Health Insurance in addition to school coverage.

My present Health Insurance company coverage is _____

Group Number _____ Phone Number _____

Name of Insured _____

Signature of Parent/Guardian

Date

Witness

Date

AUTHORIZATION TO DISPENSE MEDICATION

ALL medications brought to school by and for the student must be given to the school's secretary. Medication will be dispensed by the Secretary and/or the Principal **only** when:

- a. The medication is in its original container.
 - b. The medication is prescribed by a doctor.
 - c. The parent or guardian gives written consent.
- NOTE: All of the above conditions must be met.**

Physical Deficiencies:

☐ Hearing

☐ Sight

☐ Speech

☐ Other

If other, please explain below:



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PERMISSION SLIP

TO WHOM IT MAY CONCERN:

TRAVEL AND TRIPS

I hereby grant permission for my son/daughter, _____
to take part and travel with the class on any and all trips sponsored by Mount Calvary Junior Academy
for this school year _____.

This is not to be construed as permission for the above-named student to participate in any swimming
or water activity. Permission for these activities will be granted, if I desire, by special permission at the
time and date that the activity is to take place.

Signature of Parent/Guardian

Date

PUBLICITY/PROMOTION RELEASE FORM:

I give Mount Calvary Junior Academy permission to take pictures, snapshots, slides, videos, films,
audio or television recordings, at or away from school for the purpose of publicity and school
promotions.

Signature of Parent/Guardian

Date



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RECOMMENDATION FORM

(New Applicants Only)

Please fill in the necessary information and return with your application.

List three (3) persons who can serve as references for you and your child.

1. Name _____

Address _____

Position _____ Phone _____

2. Name _____

Address _____

Position _____ Phone _____

3. Name _____

Address _____

Position _____ Phone _____

Name of last school attended _____

Address _____

Phone Number _____

Name of student's last teacher _____



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SCHOOL BULLETIN CONTRACT

This is to certify that I, _____
have received, read, and understand the entire new School Bulletin. I understand that all
rules and regulations apply to me and my child/children.

Name of Child _____

Name of Child _____

Name of Child _____

Parent(s)/Guardian Signature(s): _____

Dated: _____
MOUNT CALVARY
JUNIOR ACADEMY



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School Regulations

My signature below signifies that I have read, understood and will comply with the following school regulations:

1. SCHOOL HOURS

I understand that school hours are from 8:15 a.m. to 3:15 p.m., Monday - Thursday, and 8:15a.m. - 2:15 p.m. Fridays. I will make proper arrangements for my child/children before and after school.

2. LUNCH

When my child/children bring lunch from home, I will endeavor to make it vegetarian, and at no time will I send pork or pork products, lobster, crab, etc., in any form, or drink containing caffeine or alcohol.

3. UNIFORM

I will comply with the uniform policy as is laid out in the bulletin by having my child/children in full uniform each day.

4. FINANCE

I understand that the tuition is \$ _____ per year, and that \$ _____ is due on the first of each month. I understand that it is my obligation to pay all account in full by school closing.

5. RESPONSIBILITY

I have received a copy of the current School Bulletin. I am aware that I am held responsible for all rules and regulations contained in the School Bulletin, the Registration Package, and all written and publicly announced regulations made subsequently

6. JEWELRY

I understand that items of jewelry including rings, bracelets, earrings, necklaces, ornaments, and other types of jewelry must not be worn or brought to school and will be confiscated until the end of the school year.

Name of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Name of Student: _____

Date: _____

Signature of Student: _____

Date: _____



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STUDENT INFORMATION BLANK

(New Applicants Only)

_____ (Name of Student) has applied for admission to our school and has given your name as a reference. Below you will find several descriptions of behavior. Will you kindly place a check next to the statement that you feel is most indicative of the student's behavior. Responses will be kept in strict confidence.

(1) PERSONAL RESPONSIBILITY

- _____ Always accepts fully
- _____ Usually accepts fully
- _____ Partially accepts
- _____ Sometimes refuses
- _____ Often refuses

(5) EMOTIONAL STABILITY

- _____ Highly emotional
- _____ Somewhat excitable
- _____ Usually well balanced
- _____ Well balanced
- _____ Exceptionally stable

(2) CONSIDERATION FOR OTHERS

- _____ Always considerate of other's rights and feelings
- _____ Usually considerate
- _____ Courteous, little evidence of inconsideration
- _____ Inadequate opportunity to observe

(6) INTEGRITY

- _____ Very trustworthy
- _____ Generally trustworthy
- _____ Tends to be dishonest in many situations
- _____ Truthful
- _____ Generally untruthful

(3) CRITICAL AND QUESTIONING ATTITUDE AUTHORITY

- _____ Often challenges teachers' authority
- _____ Sometimes challenges teachers' authority
- _____ Rarely challenges teachers' authority
- _____ Inadequate opportunity to observe

(7) STRENGTH OF CHARACTER

- _____ Firm, steady, consistent
- _____ Fairly stable
- _____ Weak, easily influenced

(4) POSITIVE OR NEGATIVE INFLUENCE

- _____ Would have positive influence on classmates
- _____ Behavior is inconsistent sometimes positive or negative
- _____ Would have negative influence on fellow classmates

(8) PERSONAL

- _____ Used tobacco
- _____ Used intoxicants or other narcotics
- _____ Attended questionable places of amusement
- _____ Not applicable

PLEASE GIVE YOUR RESPONSE TO THE FOLLOWING QUESTIONS:

- (1) How long have you known this student? ☐ Less than two years ☐ More than two years
- (2) Do you know of any health factors (physical or emotional) which our school should be aware of if this student is accepted?
☐ YES ☐ NO If yes, please explain _____
- (3) Do you recommend this student for admission to a Christian school? ☐ YES ☐ NO
- (4) Will this child's parents meet their financial obligations on time? ☐ YES ☐ NO
- (5) Will this child's parents cooperate with school rules and regulations? ☐ YES ☐ NO

_____ Name

_____ Position

_____ Date

MTCJA 04/2013



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- (2) Do you know of any health factors (physical or emotional) which our school should be aware of if this student is accepted?
☐ YES ☐ NO If yes, please explain _____
- (3) Do you recommend this student for admission to a Christian school? ☐ YES ☐ NO
- (4) Will this child's parents meet their financial obligations on time? ☐ YES ☐ NO
- (5) Will this child's parents cooperate with school rules and regulations? ☐ YES ☐ NO

_____ Name

_____ Position

_____ Date

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STUDENT & PARENT/GUARDIAN INFORMATION SHEET

STUDENT

Name _____ Birthday _____ Sex ☐ M ☐ F

Address _____

Home Phone _____ Social Security # _____ Grade _____

Is student a baptized Seventh-day Adventist? ☐ YES ☐ NO If yes, what year was he/she baptized? _____

MOTHER

Name _____ Social Security # _____

Home Address _____

Home Phone _____ Email Address _____

Driver's License # _____ Occupation _____

Work Address _____

Work Number _____ Pager _____ Cell Phone _____

Church Affiliation _____ Membership _____

FATHER

Name _____ Social Security # _____

Home Address _____

Home Phone _____ Email Address _____

Driver's License # _____ Occupation _____

Work Address _____

Work Number _____ Pager _____ Cell Phone _____

Church Affiliation _____ Membership _____

STUDENT & PARENT/GUARDIAN INFORMATION SHEET

PART 2

EMERGENCY NUMBERS

1. Name _____
Address _____
Phone _____ Relationship to child _____

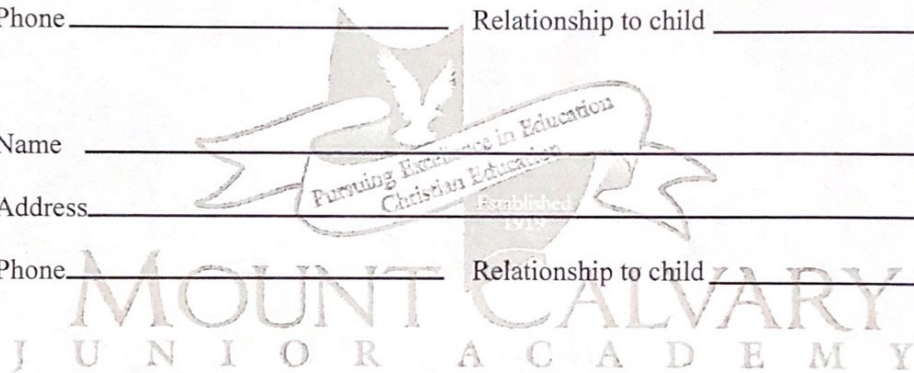
2. Name _____
Address _____
Phone _____ Relationship to child _____

3. Name _____
Address _____
Phone _____ Relationship to child _____

Doctor's Name _____

Phone Number _____

Address _____





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STUDENT PICK-UP FORM

Student's Name _____

Parent(s)/Guardian Names _____

This form is effective from _____ to _____

My child/children have my permission to walk home from school. ☐ YES ☐ NO

My child/children have my permission to take public transportation. ☐ YES ☐ NO

The following individual(s) have my permission to pick up my child/children from school:

Name

Phone

Driver's License #

<u>Name</u>	<u>Phone</u>	<u>Driver's License #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent's Signature _____ Date _____

Parents, we are now at the point where we will be posting all students grades on-line. In order for you to access your student's grades on-line, we will need to program your username and password into the system. Please fill in the blank spaces below with your name and username/password you would like to use and return the sheet to your child's teacher.

Thank you for your cooperation.

Parent's name: _____

Student's name: _____

Grade: _____

Username: _____

Password: _____

Email: _____