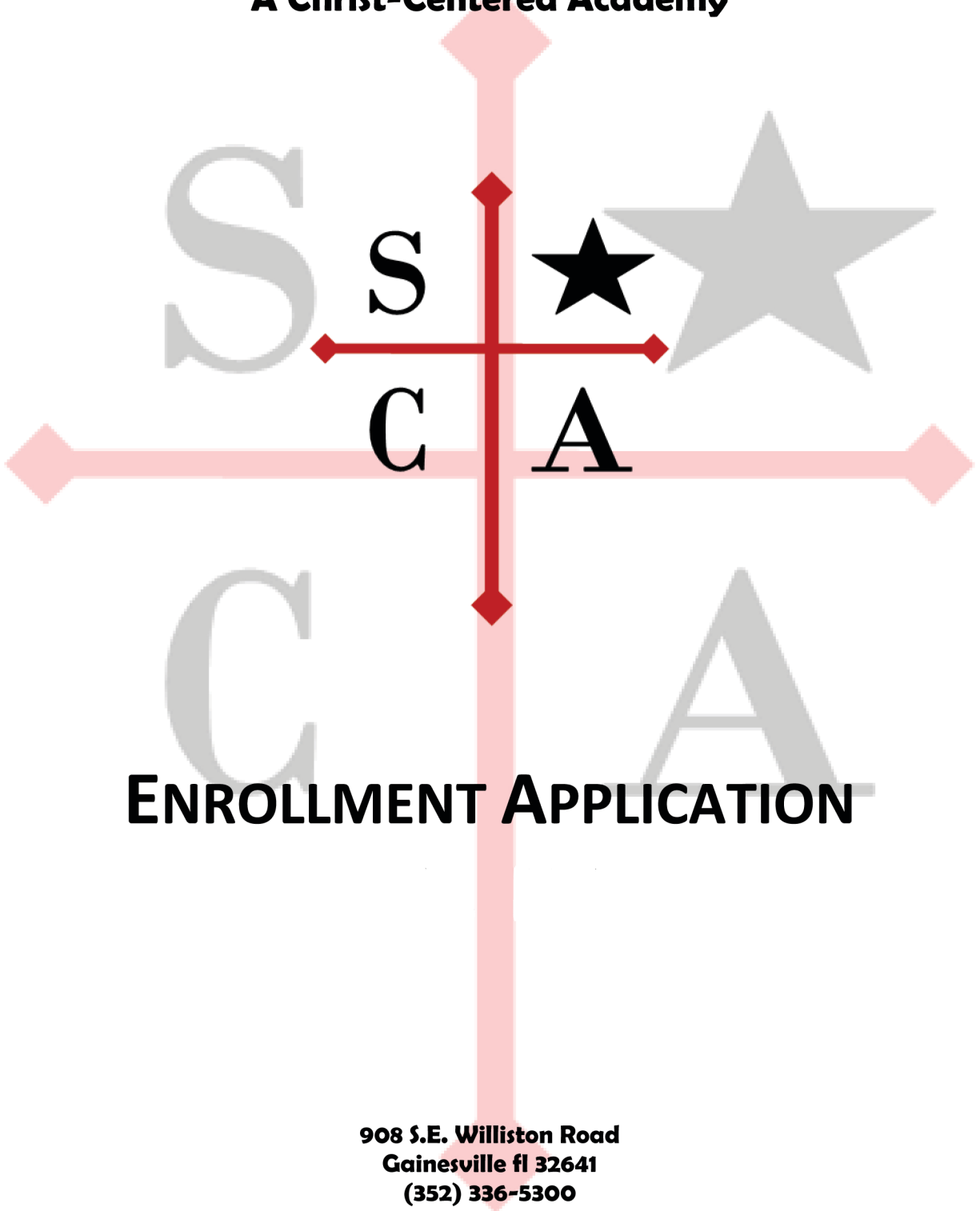


STAR Christian Academy

A Christ-Centered Academy



ENROLLMENT APPLICATION

**908 S.E. Williston Road
Gainesville fl 32641
(352) 336-5300**

PHILOSOPHY

We, the STAR Christian Academy Board and Administration, are committed to providing a quality, Christian Education for each pupil in order to fulfill our obligation to God and also to meet our standards as a New Testament Church... *“And daily in the temple, and in every house, they ceased not to teach and preach Jesus Christ.”* (Acts 5:42)

MISSION STATEMENT

It is the purpose of STAR Christian Academy to provide academic excellence in a Christ-centered environment where the child can grow to his/her fullest potential. Our goal is for students to establish and grow in a personal relationship with Jesus Christ and become equipped to serve: their Lord, their families and their communities.

GOALS

1. Provide the highest quality academics in a Christian Environment.
2. Equip each student to become productive, knowledgeable citizens.
3. Teach and promote traditional American/Christian culture and beliefs
4. Teach each child to live a responsible and victorious Christian life.
5. Provide training for Christian service; opportunities for prayer and worship; and opportunities for personal witnessing.
6. Provide opportunities for those who do not know the Lord Jesus Christ to accept and to allow the Holy Spirit to work in his/her life.

STAR Christian Academy Where Every Child is a STAR.

STAR Christian Learning Center and Academy

908 S.E. Williston Road
Gainesville, FL 32641
(352) 336-5300 FAX: (352) 372-2994

APPLICATION FOR ADMISSION

Please complete all section of this application

Date of application: _____

Registration for Grade: _____

Student Name: _____

Birth Date: ___/___/___ M / F

Address: _____

Phone: (____) _____ - _____

City/State _____

Social Security #: _____ - ____ - _____

National Origin: African American
 Asian

Caucasian Hispanic
 Native American Other

Mr. / Dr. / Rev.

Ms. / Mrs. / Dr. / Rev.

Father: _____

Mother: _____

Work Phone: _____

Work Phone: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

City/State: _____, _____

City/State: _____, _____

Marital Status: Married Divorced

Martial Status: Married Divorced

Widower Separated Single

Widower Separated Single

Student lives with: Father Mother Both Guardian Other _____

Legal Guardian if other than parent(s): _____

Relationship to student: _____

Sibling information:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Previous school attended: _____

Address: _____

City/State: _____, _____

Why did student leave previous school?: _____

Has student ever repeated a grade? YES NO, list which grade and why: _____

Has the student ever been suspended, expelled, or had any disciplinary difficulty in school? If yes, please explain: _____

Does the student have any physical limitation that would prevent ordinary participation in physical education or normal school activities? If yes, please explain: _____

Has the student ever been denied admission to another private school? If yes, explain: _____

Has the student been referred or tested for learning disabilities, ADHD, or emotional difficulties? If yes, please explain: _____

List the subjects in which you believe your child exceeds: _____

List the subjects, which you believe are difficult for your child: _____

SPIRITUAL LIFE

Father/Guardian

Church Affiliation: _____

Pastor: _____

Address: _____

Phone: (____) _____ - _____

Do you and your family attend church or Sunday School regularly? _____

Describe the bible reading and prayer activities in your home: _____

Why do you want your child to attend this school: _____

Who has financial responsibility for the account: _____

If a person other than the parent or guardian, please provide information:

Name: _____

Address: _____

Phone: (____) _____ - _____

Persons to be contacted and authorized to remove child from facility in case of illness, accident, or emergency, if for some reason the parents or guardians cannot be reached. If none, indicate "NONE."

Name	Address	Phone	Relationship
------	---------	-------	--------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

To the best of my ability I have provided accurate and truthful information on this application.

Mother/Guardian: _____ Date: _____

Father/Guardian: _____ Date: _____

Please return this application and supporting documents to: STAR Christian Academy. The application form must be completed in full. Do not leave any section blank. The registration fee must accompany this application. The STAR Christian Academy does not discriminate on the basis of sex, race, color, or ethnic origin.

STAR Christian Center and Academy

"A Place Where Every Child is a Star"

FINANCIAL CONTRACT

Child's Name: _____

Grade: _____

1. **REGISTRATION FEE:** Registration fees are due at the time of registration. Application forms will not be processed until registration fee is paid. Registration fees are not refundable and are not subject to discounts.
2. **TUITION PAYMENTS:** Tuition is paid in 10 monthly installments beginning August 1st and ending May 1st. Payment is due on the first day of each month. If payment is not received by the 15th of the month, the child will be removed from the school until the account is current.
3. **PRE-PAID TUITION:** STAR Academy offers a 10% discount for tuition Paid in full in advance of the school year. Arrangements must be made with the office prior to payment. If the student withdraws during the school year and partial tuition is refunded, the 10% discount will be removed and refunds will be calculated on the FULL TUITION.
4. **LATE FEES:** Accounts that are past due will be assessed a late fee of \$25.00. Late fees are assessed monthly or weekly on the unpaid balance.
5. **AFTERCARE PROGRAM:** Aftercare fees are due August through May. Fees are due monthly and are not subject to discounts due to absences.
6. **SPORTS FEES:** Sports fees are charged for participation in athletics to help defray the cost of the program. Sports fees are paid before the beginning date of the activity. Students will not participate in activities until the fee is paid.
7. **WITHDRAWAL:** This contract remains in effect up to and through the month the student withdraws or until the school terms ends. If the student withdraws during the school year, full tuition is charged through the month of withdrawal.
8. **BOOK FEE:** Books fees are due no later than the first of July. Book charges are based on the grade level of the student. In the event of withdrawal from the school STAR Christian Academy is under no obligation to buy back books.
9. **UNPAID BALANCES:** If a student withdraws or the term ends and an Unpaid balance remains, all records, reports, test scores, books will be held at STAR Christian Academy until the account has been paid in full.

10. **FUNDRAISING:** STAR Christian Academy will conduct several Fundraising drives during the school year. It is through these drives that we are able to supplement funds received from tuition, thereby keeping our tuition rates as low as possible. *As Indicated on the Statement of Cooperation we ask that all families participate in our fundraising efforts.*

Please sign below indicating that you have read and agree to the terms of The Contract.



Signature of Parent/Guardian



Date





PARENTAL SUPPORT COVENANT

Please initial each statement as a personal commitment from you the parent to your child and STAR Christian Academy.

____ I/We will take an active role in my/child's education. This will include following through with homework assignments, special projects, signing all documents and ensuring its return to the school.

____ I/We will encourage my/our student to comply with all school regulations and standards (Examples: dress code, tardiness and absences).

____ I/We give the administration and faculty full discretion to employ such discipline as is deemed wise and expedient for my/our child.

____ I/We we agree to accept the responsibility for any damage done by my/our child at the school.

____ I/We agree to abide by all STAR Christian Academy rules and regulations.

____ I/We agree and understand that is my/our responsibility to get my child to school and programs in a timely fashion.

____ I/We am/are aware that during holidays and when there are extended school vacations times, the full tuition amount will be due.

____ I/We will immediately notify the school office of any changes in address, phone number, employment or emergency number.

____ I/We understand that the school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the school's academic or behavioral program.

____ I/We will provide a minimum of 30 hours of volunteerism within the school year or provide \$100.00 monetary pledge to be added into the payments of FACTS that will in turn be placed back into the school budget.

____ I/We will support the school with 100% effort toward its fundraiser endeavors.

____ I/We will support the spiritual training given to my/our child. We currently worship at the following church: _____.

Name of Church

Name of Pastor

Student's Name

Date

Parent/Guardian

Date

Parent/Guardian

Date