



# CHRIST ACADEMY

*A Reformed Episcopal Parish School*

Christ Academy is a parish school that transforms students through classical education in a Christian community, which prepares them for their respective vocations and a life of virtue and wisdom.



## *Student Application*

*Confidential Information Enclosed*

Dear Parent or Guardian:

523 Clifton Ave, Collingdale, PA 19023 | 610-583-2770 (Parish) | 610-461-1522 (School)  
[www.christacademycollingdale.com](http://www.christacademycollingdale.com) | [info@christacademycollingdale.com](mailto:info@christacademycollingdale.com)



**HOME ENVIRONMENT (CONT'D.)**

PLEASE CHECK ANY OF THE FOLLOWING THAT HAVE OCCURRED IN THE CHILD'S CURRENT FORMER HOME:

- CHANGE OF SCHOOL
- DEATH IN THE FAMILY
- SEPARATION DIVORCE
- FREQUENT MOVES
- JOB CHANGE
- REMARRIAGE OF PARENT
- MENTAL ILLNESS IN THE FAMILY
- SUBSTANCE ABUSE
- PHYSICAL OR SEXUAL ABUSE
- SEPARATION FROM A SIGNIFIGANT MEMBER OF THE FAMILY
- SERIOUS FAMILY ILLNESS HOSPITALIZATION
- PROLONGED HOSPITALIZATION
- LAW ENFORCEMENT OR HUMAN SERVICES ACTIVITY
- OTHER

WHAT TYPES OF DISCIPLINE HAVE YOU USED WITH YOUR STUDENT & WHAT IS MOST EFFECTIVE \_\_\_\_\_

HOW DOES YOUR STUDENT USUALLY RESPOND TO ANGER \_\_\_\_\_

WHAT IS YOUR STUDENTS GREATEST ACCOMPLISHMENT \_\_\_\_\_

WHAT DOES YOUR STUDENT DISLIKE DOING MOST

WHAT DOES YOUR STUDENT LIKE DOING THE MOST \_\_\_\_\_

**EDUCATIONAL HISTORY**

PLEASE LIST THE SCHOOLS YOUR STUDENT HAS ATTENDED BEGINNING WITH PRE-K:

NAME OF INSTITUTION	GRADES ATTENDED
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

WHAT ARE YOUR CHILD'S...

EDUCATIONAL STRENGTHS \_\_\_\_\_

EDUCATIONAL WEAKNESSES \_\_\_\_\_

FAVORITE SUBJECTS

LEAST FAVORITE SUBJECTS

COMPLAINT LIKES ABOUT SCHOOL

### EDUCATIONAL HISTORY (CONT'D.)

DOES YOUR CHILD EXPERIENCE ANY SPECIAL DIFFICULTIES WITH LEARNING?  YES  NO  
IF YES, PLEASE EXPLAIN \_\_\_\_\_

HAVE TEACHERS EVER HAD CONCERNS ABOUT DEVELOPMENTAL/ACADEMIC PROBLEMS?  YES  NO

HAVE TEACHERS EVER HAD CONCERNS ABOUT BEHAVIORAL/SOCIAL DIFFICULTIES?  YES  NO

HAS YOUR CHILD EVER BEEN DETERMINED TO HAVE A LEARNING DISABILITY?  YES  NO

HAS YOUR CHILD EVER BEEN ELIGIBLE FOR SPECIAL SERVICES (IEP, 504 PLAN, ETC.) IN A PUBLIC SCHOOL SETTING?  YES  NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

### IF YOUR CHILD HAS AN IEP, 504 OR OTHER TYPE OF LEARNING/BEHAVIORAL PLAN PLEASE ATTACH A COPY TO THE APPLICATION.

HAS YOUR CHILD EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL?  YES  NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

HAS YOUR STUDENT EVER REPEATED A GRADE?  YES  NO IF SO, WHICH ONE(S) \_\_\_\_\_

HAS YOUR STUDENT EVER RUN AWAY FROM HOME?  YES  NO

HAS YOUR STUDENT EVER ATTENDED AN ALTERNATIVE SCHOOL OR BEEN IN DETENTION?  YES  NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

HAS YOUR STUDENT EVER BEEN SITED FOR CHEATING, STEALING, LYING OR BEING INVOLVED IN VIOLENCE AT SCHOOL?  YES  NO IF YES, PLEASE EXPLAIN \_\_\_\_\_

### MEDICAL HISTORY

MARK **ANY** PROBLEMS YOUR STUDENT HAS HAD:

POISONING  FREQUENT SORE THROAT  ALLERGIES  DIFFICULTIES  
SLEEPING  COMA  EAR INFECTIONS  HEAD INJURY  
 MENINGITIS/ENCEPHALITIS  SURGERY  ASTHMA  HOSPITALIZATION  
 LOSS OF CONSCIOUSNESS  HIGH FEVERS  SEIZURE/EPILEPSY  DIABETES  
SICKLE CELL DISEASE  FAINTING SPELLS  HEART MURMUR  SKIN  
PROBLEMS  BOWEL/BLADDER PROBLEMS  CHICKEN POX  SERIOUS ACCIDENT  
 SERIOUS ILLNESS  ONGOING MEDICATIONS  
 BIRTH ISSUES  DEVELOPMENTAL ISSUES  CONCENTRATION  EMOTIONAL  
ISSUES  VISUAL PROBLEMS  PROBLEMS CONCENTRATING  CONVULSIONS   
OTHER (PLEASE EXPLAIN) \_\_\_\_\_

DOES YOUR CHILD HAVE ANY ON-GOING HEALTH PROBLEMS OR ARE THEY UNDER

MEDICAL TREATMENT FOR ANY ON-GOING MEDICAL PROBLEMS?  YES  NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

HAS YOUR CHILD HAD ANY PSYCHIATRIC TREATMENT?  YES  NO. IF YES, PLEASE EXPLAIN \_\_\_\_\_

ALL STUDENTS MUST HAVE UPDATED MEDICAL AND VACCINATION RECORDS ON FILE AT THE SCHOOL BEFORE THEY CAN BEGIN SCHOOL. THIS INCLUDES WRITTEN NOTIFICATION, TO THE HEADMASTER OR SCHOOL ADMINISTRATOR, OF ANY PHYSICAL LIMITATIONS, MEDICATIONS, ALLERGIES, MEDICAL CONDITIONS, ETC. THAT YOUR CHILD MAY HAVE.

CHRIST ACADEMY DOES NOT STORE, KEEP SAFE OR ADMINISTER ANY MEDICATIONS.

### **RELIGIOUS HISTORY**

*CHRIST ACADEMY IS A MINISTRY OF THE REFORMED EPISCOPAL CHURCH AND MAINTAINS AN EXPLICIT CHRISTIAN PERSPECTIVE IN ITS CURRICULUM AND PRACTICES BUT OUR STUDENTS COME FROM A VARIETY OF CHRISTIAN COMMUNITIES. CHRIST ACADEMY ADMITS STUDENTS OF ANY RACE, COLOR, NATIONAL AND ETHNIC ORIGIN TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS AT THE SCHOOL. IT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL AND ETHNIC ORIGIN IN ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSIONS POLICIES, SCHOLARSHIP AND LOAN PROGRAMS, AND ATHLETIC AND OTHER SCHOOL-ADMINISTERED PROGRAMS.*

I ACKNOWLEDGE THAT CHRIST ACADEMY IS A CHRISTIAN RELIGIOUS SCHOOL AND STUDENTS ARE TAUGHT A CHRISTIAN WORLD VIEW, THE BIBLE, AND ATTEND DAILY CHAPEL.  \_\_\_\_\_ (PLEASE CHECK BOX AND INITIAL)

DO YOU ATTEND CHURCH?  YES  NO  
DOES YOUR CHILD ATTEND CHURCH?  YES  NO  
CHURCH NAME:

ADDRESS: \_\_\_\_\_  
MINISTER'S NAME/PHONE: \_\_\_\_\_

PLEASE FILL OUT EVERY SECTION OF THIS APPLICATION. IF IT DOES NOT APPLY, PLEASE MARK "NO" OR WRITE "NONE." ALL OF THIS INFORMATION IS IMPORTANT AND WILL HELP US TO DETERMINE IF CHRIST ACADEMY IS THE BEST PLACE FOR YOUR CHILD. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED. PLEASE FEEL FREE TO CONTACT THE HEADMASTER OR ADMINISTRATOR WITH ANY QUESTIONS YOU MAY HAVE OR IF YOU NEED HELP FILLING OUT THE APPLICATION OR OTHER PAPERWORK.

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## Emergency Contact/Medical/Publication Information & Release **2018-2019**

Student's name \_\_\_\_\_

# 1 Parent/Guardian/Emergency contact name \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell \_\_\_\_\_

# 2 Parent/Guardian/Emergency contact name \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell \_\_\_\_\_

Other people authorized to pick-up my child:

- \_\_\_\_\_
- \_\_\_\_\_

Other people **NOT AUTHORIZED** to pick-up my child:

- \_\_\_\_\_
- \_\_\_\_\_

I understand that parent(s)/guardians are responsible to inform their child who is/is not authorized to pick them up from Christ Academy. I will not send people who are not authorized to pick up my children. I will communicate any changes in this information to the HEADMASTER OR SCHOOL & PARISH ADMINISTRATOR immediately.

\_\_\_\_\_  
PARENT/GUARDIAN NAME (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



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### Request for Release of Information to the School

I (We) \_\_\_\_\_ authorize and request that:

Name of sending school/agency: \_\_\_\_\_

Address of sending school/agency: \_\_\_\_\_  
\_\_\_\_\_

Phone/fax of sending school/agency: \_\_\_\_\_

To release information regarding: \_\_\_\_\_ (name of the student) \_\_\_\_\_ (birthdate)

Send to: **Christ Academy**  
**523 Clifton Ave.**  
**Collingdale, PA 19023**

Please release the following information:

- Educational Information (School Record)                       Transcripts
- Immunization     Psychological Evaluation
- Neurological Evaluation     IEP/NOREP
- Medical Information
- Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Only necessary if the student is over 18)