

Application packet for St. John Christian Academy

Dear Parents/Guardians:

Please submit the completed student application, a signed copy of the Statement of Cooperation (both parents' signatures required), the \$75 registration fee, and the appropriate student records. Applications may be brought to the school during school hours, or may be mailed to the school at this address:

St. John Christian Academy

P.O. Box 1660

St. John, VI 00831

In order to process a student application, copies of the following records must be submitted for each child that is being presented for enrollment:

- _____ Birth Certificate or Passport
- _____ Social Security Card
- _____ Up-to-Date Immunization Record
- _____ Medical Examination (forms available from physician)
- _____ School Records from Previous School (such as Report Card)
- _____ Statement of Co-operation (Both Parents' Signature Required)
- _____ School Contract
- _____ Green and White Cards

Please contact us if you have any questions at stjohnca@gmail.com, or at 340-693-7722

Statement of Cooperation

We will extend our support to the St. John Christian Academy staff and administration. We recognize that for our child to make good progress in his/her work, it is essential that we have confidence in his/her teacher and school. Therefore, we will do all in our power to see that our child obeys the staff and rules of the school. We will not undermine the school, administration, or staff. If we have suggestions or questions, we will quietly discuss them with the proper person/persons, preferably by appointment.

We understand that our child will have daily Bible lessons that are an essential element of his/her moral and character development and education.

We grant permission to the school to discipline our child as necessary. We understand that a student is subject to dismissal if there is a persistent problem.

We have read the St. John Christian Academy Doctrinal Statement, Objectives, Dress Code, and Discipline Policy, and we agree to support them. (All of these are explained in the Student Handbook.)

We agree to pay the tuition according to the arrangements made upon enrollment.

We understand that assessments may be made to cover damage to school property and/or books.

We consider it a privilege to have the opportunity to send our child to St. John Christian Academy, and shall endeavor to support and uphold the principles, practices, and educational policies of the school in every way.

We recognize the school as a ministry of Cruz Bay Baptist Church, and will faithfully support the pastor, deacons, and school staff as they make various school-related decisions.

Student's name _____ Date _____

Father's/ Guardian's Signature of Agreement and Cooperation

Mother's/Guardian's Signature of Agreement and Cooperation

St. John Christian Academy Student Application

Student's Name _____ Gender (m___) (f___)
Age (____) Birthdate (m___)(d___)(y___) Applying for Grade (____)
School last attended _____ Grade last completed (____)

Who does the child live with? _____
(example: mother & father, mother, grandparents, aunt, guardian...)

Child's home phone number (___-___-____)
Child's mailing address (_____
(_____
(_____)

Name of the church your family attends? _____

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Father's Information

Father's Name: _____ Employment: _____
Home phone (if different from above): (___-___-___) Work phone: (___-___-___)
Cell phone: (___-___-___)
Mailing address (if different from above:
(_____
(_____
(_____)

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Mother's Information

Mother's Name: _____ Employment: _____
Home phone (if different from above): (___-___-___) Work: (___-___-___)

Cell Phone: (___ - ___ - ___)

Mailing Address: (_____)

(_____)

(_____)

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Guardian's Information

Guardian's Name: _____ Employment: _____

Home phone (if different from above): (___ - ___ - ___) Work: (___ - ___ - ___)

Cell Phone: (___ - ___ - ___)

Mailing Address (if different from above):

(_____)

(_____)

(_____)

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Please explain if the child is not in the care of his/her parents:

Please list and Emergency Contact (for school use) other than a parent or guardian:

Name: _____ Phone Number: (___ - ___ - ___)

Relationship to child: _____

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Scholastic Information

Child's Name _____

Has the child ever been expelled from, dismissed from, suspended from, or refused admission to another school? _____

If so, please explain:

Has the child had any disciplinary difficulties of which we should be aware? _____

If so, please explain:

Please indicate the academic level of the child's previous work: Grade: _____

The work was (please check one) :

_____ Excellent (all A's)

_____ Good (A's and B's)

_____ Average (B's and C's)

_____ Poor (D's and F's)

Has the child ever failed a grade in school? _____

If so, please explain:

Are there additional comments that you would care to make?

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Thank you for completing the application. Please be sure to include all the forms and records when you return the application.

We look forward to working with you and your child!

God bless you!