



## New Student Enrollment Application

### Student Information

\_\_\_\_\_  
Last Name First Name MI Preferred Name

\_\_\_\_\_  
With Whom Does Student Live Relationship to Student

\_\_\_\_\_  
Student's Home Address City State Zip

\_\_\_\_\_  
County Student's Home Phone Number Primary Email Address

\_\_\_\_\_  
Date of Birth Place of Birth Age Sex

\_\_\_\_\_  
Grade Entering For Semester Beginning (month/year)

\_\_\_\_\_  
Primary Language Spoken in the Home English Spanish Other \_\_\_\_\_

\_\_\_\_\_  
Ethnicity \_\_\_\_\_

### Family Information

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Address (If Different from Student)

\_\_\_\_\_  
Address (If Different than Student)

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Cell Phone Work Phone

\_\_\_\_\_  
Cell Phone Work Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Church Denomination

\_\_\_\_\_  
Church Denomination

\_\_\_\_\_  
Church Name

\_\_\_\_\_  
Church Name

\_\_\_\_\_  
Stepfather's Name (If Applicable)

\_\_\_\_\_  
Stepmother's Name (If Applicable)

\_\_\_\_\_  
Preferred Means of Contact (circle one) Call Work Call Cell Text Email

\_\_\_\_\_  
SIBLINGS AGE GRADE SCHOOL ATTENDING

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



# EAGLE BEND CHRISTIAN ACADEMY

1740 N Charles G Seivers Blvd  
P.O.Box 489  
Clinton, TN 37717  
865.457.7729  
[office@eaglebendca.org](mailto:office@eaglebendca.org)

## Purpose Of Enrollment

Why are you considering Eagle Bend Christian Academy? \_\_\_\_\_

How did you hear about Eagle Bend Christian Academy?

\_\_\_\_\_ Home Church      \_\_\_\_\_ Family or Friend      \_\_\_\_\_ Website      \_\_\_\_\_ Sign      \_\_\_\_\_ Other

If you heard about us from a family member or friend, please list their name: \_\_\_\_\_

## Academic Information

School \_\_\_\_\_ Address \_\_\_\_\_ Dates Attended \_\_\_\_\_ Grade Completed \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_ Dates Attended \_\_\_\_\_ Grade Completed \_\_\_\_\_

### Please answer YES or NO to the following questions

Has your child been placed in a talented or gifted program? \_\_\_\_\_

Received honors and/or rewards? \_\_\_\_\_

Been retained in a grade? \_\_\_\_\_

Been recommended for tutoring? \_\_\_\_\_

Been recommended for academic or psychological testing? \_\_\_\_\_

Struggled with mental or emotional issues? \_\_\_\_\_

Been placed in a special education program? \_\_\_\_\_

Experienced learning difficulties in Math? \_\_\_\_\_

Experienced discipline problems? \_\_\_\_\_

Experienced learning difficulties in Reading? \_\_\_\_\_

Been tested or diagnosed or diagnosed with ADD/ADHD? \_\_\_\_\_

Experienced learning difficulties in any subject? \_\_\_\_\_

Experimented with drugs, alcohol, or tobacco? \_\_\_\_\_

Been in any type of legal trouble? \_\_\_\_\_

Please provide details on any of the above questions that were answered YES. (you may attach a separate sheet if necessary)

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

Please describe your child's educational strengths: \_\_\_\_\_

Please describe your child's educational weaknesses: \_\_\_\_\_

Please describe any interests, talents, and abilities your child has: \_\_\_\_\_

## Family Enrollment Agreement

If accepted, I/we agree that I/we will read and follow the school rules included in the EBCA Handbook. I/we agree that I/we will remain active in my child's education, including supporting my child's teachers, ensuring that my child arrives to school on time, encouraging my child to complete all assignments on time, and permitting my child to participate in school activities such as field trips and other school functions. I/we agree that should any concerns arise with Eagle Bend Christian Academy or any related party, I/we will go through the proper channels to solve the matter. I/we agree to cooperate with school staff regarding discipline of my child.

I/we agree that weekly church attendance, Bible study, and prayer are essential elements to a healthy spiritual life, and will ensure that my family strives for these elements.

Father/Guardian Signature \_\_\_\_\_ Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Responsible Party for Bill

I/we agree to pay all tuition payments, and any other fees on time.

Individual Responsible for Bill (please print name) \_\_\_\_\_ Signature \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**FOR OFFICE USE ONLY:** Accepted \_\_\_\_\_ Acceptance Letter Sent \_\_\_\_\_  
Date of Tour: \_\_\_\_\_ Touring Staff Member: \_\_\_\_\_ Date of Receipt of Application and Fee: \_\_\_\_\_  
Documents Received: Complete Transcripts \_\_\_\_\_ Immunization Record \_\_\_\_\_ Birth Certificate \_\_\_\_\_ SS Card \_\_\_\_\_  
Paperwork \_\_\_\_\_ Other \_\_\_\_\_



### STUDENT RELEASE FORM

The permissions/agreements granted on this page will remain in the listed student's file and will be in effect while the listed student is enrolled at EBCA or rescinded in writing by the parent/guardian.

Allergies/Medical Conditions

### EMERGENCY CONTACT INFORMATION

Physician's Name	Phone Number
Emergency Contact Name (other than parent)	Relationship to Student
	Phone Number

### EMERGENCY PERMISSION AGREEMENT

Should an emergency arise in which my child will need to be transported to a local hospital, I give my consent for the transport to take place. If I am not able to be reached, I give my consent for my child to be medically and/or surgically treated by medical professionals to whatever extent is necessary for the wellbeing of my child.

Parent Signature	Preferred Hospital	Date
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### INSURANCE INFORMATION

Name of Insurance Company	Policy Number	Group Number
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### PICK-UP INFORMATION

Please list additional persons that have permission to pick up your child(ren). Unless a person's name is on this list or other documentation has been provided, your child cannot be released to them. The name on this form must match the name on their driver's license.

Name	Relationship to Child	Maternal/Paternal	Phone
Name	Relationship to Child	Maternal/Paternal	Phone
Name	Relationship to Child	Maternal/Paternal	Phone
Name	Relationship to Child	Maternal/Paternal	Phone
Name	Relationship to Child	Maternal/Paternal	Phone

**For your child's safety, please notify the school office when someone out of the ordinary will be picking up your child.**

\_\_\_\_\_ Is anyone legally restricted from picking up your child, or restricted from contact with your child? If yes, please list their name. The school will need a copy of any legal documents stating this. This will be in effect until you, the parent/guardian rescind in writing.

The following people are NOT allowed to pick up my child:

Name	Relationship to Child	Reason	Documentation Provided
Name	Relationship to Child	Reason	Documentation Provided



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**STUDENT DRIVERS**

My child, \_\_\_\_\_ has permission to drive to and from school. We agree to follow the requirements listed in the Student Handbook. Eagle Bend Christian Academy reserves the right to rescind driving privileges due to to grades and/or behavior the following students will be riders with my child: \_\_\_\_\_

Attached is a copy of my child's driver's license and insurance policy. I understand that I will need to submit an updated copy of our insurance policy each year.

Parent Signature

Date

**PHOTO AGREEMENT**

I understand that Eagle Bend Christian Academy will use photos taken of students without full names for web based uses such as the website, social media, and printed advertisements. I grant permission for photos of my child to be used in this manner.

Parent Signature

Date

**FIELD TRIP RELEASE**

I give permission for my child to participate in field trips deemed safe and appropriate by Eagle Bend Christian Academy. I do hereby agree to hold harmless the Organizers, supervisors, chaperones, and anyone connected with Eagle Bend Christian Academy and/or Eagle Bend Apostolic Church., including administration, staff, and volunteers for any claim arising for an injury or harm to my child. I also understand that a notice will be sent home with information about every field trip

Parent Signature

Date



### POLICY AGREEMENT

This form will remain in the listed student's file and will remain in effect while the listed student is enrolled at EBCA, is rescinded in writing by the parent/guardian, or the Student Handbook is updated.

### STUDENT CODE OF CONDUCT

I have had access to and understand the Eagle Bend Christian Academy Student Handbook/Policies and readily agree to follow the guidelines listed in it.

I understand that the guidelines apply to the conduct of students both at school and away from school, during the school year and between terms.

I understand and agree to the consequences listed in the Student Handbook/Policies.

I understand that if a problem should arise, I will in no case complain to another parent or student. I will contact the teacher and/or administrator and I agree to comply with their decision.

I understand that Eagle Bend Christian Academy is a ministry of Eagle Bend Apostolic Church and as such is governed by the authority of the Pastor of Eagle Bend Apostolic Church who also acts as the Superintendent of the school.

I understand that, though I will not be expected to become a member of Eagle Bend Apostolic Church or adhere to Apostolic doctrine, I will respect the right of Eagle Bend Apostolic Church and Eagle Bend Christian Academy to manage the daily operations and spiritual emphasis from their perspective.

I have had access to, understand, and agree to comply in full with the guidelines of the Eagle Bend Christian Academy Student Handbook and Policies.

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Student Signature (7th-12th)

Printed Name (K-12th)

Date

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Father/Guardian Signature

For self and on behalf of child grade K-6th

Printed Name

Date

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Mother/Guardian Signature

For self and on behalf of child grade K-6th

Printed Name

Date



## INTERNET POLICY

**This form will remain in the listed student's file and will remain in effect while the listed student is enrolled at EBCA, is rescinded in writing by the parent/guardian or the Student Handbook is updated.**

## ACCEPTABLE USE POLICY

Eagle Bend Christian Academy believes that the Internet has much to offer students with its wide array of resources. It is our goal to educate students about efficient, ethical, and appropriate use of these resources.

All Internet or computer equipment use should be consistent with the purposes and goals of EBCA. It is imperative that students conduct themselves in a responsible, ethical, and moral manner. All students must abide by all local, state, and federal laws. Students accept the responsibility of adhering to the standards of conduct and the terms and conditions set forth in all parts of this policy. **It is to be understood that student Internet access is a privilege, not a right.**

It is strongly suggested that parents communicate with their children about values and the standards they should follow regarding the use of the Internet and all media sources such as television, cell phones, electronic devices, videos, music, movies, etc.

Students utilizing EBCA provided internet access must first have permission and must be supervised by staff. Students are responsible for good behavior online just as they are in the classroom or other areas of school. The same established rules for behavior and communication apply.

Students are not permitted to visit chat rooms or social media sites.

Websites that display sexually explicit, racist, or potentially offensive materials or music should not be accessed. The ability to connect to such sites does not imply that permission is granted to visit the site. If a student accidentally connects to an inappropriate website, the student should immediately disconnect from the site and notify the teacher.

If a student's Internet activity reveals a clear intent to visit inappropriate websites, disciplinary action will be taken which may result in students being dismissed from school.

Students should not use content without appropriate citation. This includes usage of words from the Internet or elsewhere. A misrepresentation of appropriate credit to the content's creator is considered plagiarism. All research should be appropriately cited.

All Internet access is to go through the firewall. If any student is found to be intentionally trying to bypass the firewall or school installed filter, disciplinary action will be taken by administration.

All Internet activity on EBCA computers is subject to being monitored and reviewed by EBCA staff and administration.

**I have read Eagle Bend Christian Academy's Acceptable Use Policy and I agree to follow the standards contained within this policy. I understand that if I violate any of these, my privileges may be terminated and I may face disciplinary action. I agree to use the Internet within the parameters set forth in this policy.**

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Student Signature (7th - 12th)

Printed Name (K - 12th)

Date

---

Parent Signature

Printed Name

Date

For self and on behalf of minor child (K - 6th)



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**TUITION CONTRACT**

**I have read the Eagle Bend Christian Academy Student Handbook:**

I understand that tuition payments are set up on a ten or twelve month plan for my convenience. The first payment is due by the 15th of the first month according to my payment plan. Payments can be made monthly or in advance, but tuition is due on the 15th of each month.

Payments received after the 15th of each month are subject to a late fee. Furthermore, it is understood that if payment has not been received by the due date, my child will not be permitted to return to class until tuition is paid. I also understand that the full amount of tuition will be charged when a student is withdrawing and/or enrolling after a semester has begun.

- I agree to make 10 tuition payments, August-May.**
- I agree to make 12 tuition payments, June-May.**

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Parent/Guardian Signature

Date

---

Student Name

Date

---

Student Name

Date

---

Student Name

Date

---

Student Name

Date

**OFFICE USE ONLY**

<b>REGISTRATION PAID</b>	
<b>SCHOOL YEAR</b>	



**STATEMENT OF COOPERATION AND AGREEMENT**

1. I understand that fees do not cover the actual cost of educating my child(ren) and participation is needed in prayer, service, and gifts in order to properly share in his/her education. I also recognize that prompt, consistent payment of my account is extremely vital to the school and I commit to handle my business with the school accordingly. If my child leaves Eagle Bend Christian Academy with an outstanding balance, I understand that my child will not receive report cards, end of year transcripts, or diplomas until all fees are paid in full.
2. I understand that my child(ren) will be accepted on a one month trial basis and must maintain at least a C grade average to satisfactorily complete the trial.
3. I agree to the standards of conduct and dress code of EBCA. I understand that EBCA does not tolerate profanity in speech, obscenity in word or action, or disrespect of personnel of the school. In the event of my child's failure to comply with these standards, I authorize the school to apply such corrective measures as it deems necessary.
4. I understand that students may be disciplined or expelled by the school if, during off-school hours, they engage in conduct that violates biblical principles, dishonors God, or brings reproach on the name and reputation of the school.
5. I agree to uphold and support the high academic standards of Eagle Bend Christian Academy by providing a place at home for my child to study and by encouraging my child to complete all homework assignments on time.
6. I agree to support the school with a willing and cheerful attitude. I will not criticize the administration or faculty in public or in the presence of my child. When administrative decisions are reached or school policy is published, I will not make critical comments in public or private. Instead, I will seek a private consultation with the administration by calling the office and scheduling a time to speak. I will not try to contact my child's teacher directly during school hours.
7. I give permission for my child to take part in all school activities, including athletics, school sponsored trips, physical education, etc. In the event of an accident or serious illness, I request the school personnel contact me. If I am unable to be reached, I authorize them to call my physician and to follow his instructions. If it is not possible to contact this physician, the school personnel may make necessary arrangements.
8. I understand that no student who has experimented with illegal drugs will be accepted by Eagle Bend Christian Academy. I also understand that any use/experiment of contraband drugs will result in immediate expulsion with no right to appeal. I understand that students of EBCA are expected to keep high standards and to have high moral conduct. No sexually active student will be admitted to EBCA. I further understand that any violations of this rule will result in expulsion. No pregnant or married students will be allowed to attend EBCA.
9. I understand that Eagle Bend Christian Academy reserves the right to dismiss any student who fails to comply with the established regulations and discipline, and/or whose life in the judgment of the administration is moving in a direction which is contrary to the goals and purposes of the school.

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Parent/Guardian Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

---

Student Name \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

<b>REGISTRATION PAID</b>	
<b>SCHOOL YEAR</b>	

