



**\$25.00 or \$50.00 for two
or more children**

Yes **No**

Initials

Kissimmee Christian Academy

Student Application

Date: _____

School Year: **2026-2027**

Grade Entering: _____

Student Information:

Name: _____

(Last)

(First)

(Middle)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Family/Parent Email: _____ Birth

Date: _____ Age: _____ Sex: _____ Last Grade Completed: _____ School Last

Attended: _____ Phone Number: _____

School Address: _____

Student's Race (Circle One): American Indian or Alaska Native, Asian, Black or African American,
Native Hawaiian or Other Pacific Islander, White Other (Please Specify) _____

Student's Ethnicity (Circle One): Hispanic/Latino, Not Hispanic Latino

Family Information

Guardian 1: _____ Cell Phone: _____ Email: _____

Employer: _____ Position: _____ Work Phone: _____

Guardian 2: _____ Cell Phone: _____ Email: _____

Employer: _____ Position: _____ Work Phone: _____

Student lives with: _____

Custody: Mother _____ Father _____ Both _____ Other(list) _____

Emergency Contact: _____ Phone: _____

Relationship to Student: _____

Siblings Also Attending **KCA**: _____

List of contacts /persons who may pick up your child/children (other than the parents listed)

Name _____ Cell# _____ Work# _____ Relationship _____

Name _____ Cell# _____ Work# _____ Relationship _____

Religious Information

Church Attending: _____ Pastor: _____

Address: _____ Phone: _____

Father: Christian? Yes, ____ No ____ Mother: Christian? Yes, ____ No ____

Has the student ever made a profession of faith in Christ? Yes, ____ No ____

Medical Information

Student's Physician: _____ Address: _____

Phone: _____ Hospital of preference _____

Does the student have any allergies, chronic illnesses, or physical limitations?

Scholastic Information

Has student ever been expelled, dismissed, suspended, or refused admission to another school?

If yes, explain: _____

Has student ever had disciplinary difficulty at school? _____

If yes, detail: _____

Does student have a juvenile or arrest record? _____

If yes, explain: _____

Has student ever used tobacco or nonprescription drugs of any kind? _____

If yes, explain: _____

Please indicate academic level of student's previous work:

Excellent ____ Good ____ Average ____ Poor ____

Has student ever failed an academic subject in school? _____

If yes, explain: _____

How did you hear about this school? _____

Reason for selecting this school: _____

Has this student ever attended Kissimmee Christian Academy? ____ If so, which grade(s) ____

Has your child ever repeated a grade? ____ If so, which grade(s)? ____

Has your child ever been suspended, expelled or asked to withdraw from their present school for any reason? If yes, please explain:

Has your child ever attended a school or participated in a program designed for students who have special academic needs or abilities (*including gifted, special education, tutoring, etc.*)?

If yes, please explain: _____

Has your child ever been diagnosed with a learning disability? _____

If so, please provide details of the diagnosis: _____

Does the applicant take medication for any medical need and/or learning disability?

If so, please describe the medication and its effects (i.e., improves concentration and focus, prevents headaches, controls mood, etc.) _____

Do you have an Individualized Education Program? _____

Parent Agreement

I hereby pledge to pay my financial obligation to the school on the date due and understand that it may be necessary to withdraw my student if proper arrangements are not made on a past due account. I give permission for my student to take part in all school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to me or my student because of any injury to my student at school or during any school activity. I agree to uphold and support the high academic standard of the school by providing a place at home for my student to study and giving my student encouragement in the completion of any homework or assignments. I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize this school to employ discipline as it deems wise and expedient for the training of my student. I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

Signature of Parent 1 _____ Date _____

Signature of Parent 2 _____ Date _____

• Application must be filled out completely before it can be processed. • A non-refundable registration fee of **\$390.00** or scholarship award letter or letter of intent must accompany application. • An interview with the parents and the student will be required before final acceptance. • Please see the Parent/Student handbook or the Statement of Support for information regarding tuition payment.

Kissimmee Christian 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 the students at the school. It does not discriminate based on 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.