



# KILLEEN ADVENTIST JUNIOR ACADEMY

# Application

## Returning Students

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### Application & Enrollment Checklist:

- Signed Application submitted by family (one per applying student)
- Registration Fees, 1<sup>st</sup> Month's Tuition and \$20 for Study Island Collected

### Documents Below required:

- Immunization Records (Kinder, 7<sup>th</sup> Grade)
- Physical Exam Form
- Financial Agreement
- Release Form
- Court Orders, Decrees, Legal Guardianship Documents (if required)

**Attached are blank forms and checklist required to be completed prior to final enrollment approval**

**Please use the checklist and ensure all forms are completed properly.**

Student Name: \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_



**General information**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_--\_\_\_\_--\_\_\_\_

**Applicant Information**

\_\_\_\_\_  
First Name Middle Name Family Name Preferred Name or Nickname

Residential Address:

\_\_\_\_\_  
Street Apt. /Lot

\_\_\_\_\_  
City State Zip

Male DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_  
 Female MO. Day Year Age on Sept. 1<sup>st</sup>: \_\_\_\_\_

**Family Information**

**Father's Full Name:** \_\_\_\_\_ Deceased \* \_\_\_\_\_ Divorced

\_\_\_\_\_  
First MI Last

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_ Deceased \* \_\_\_\_\_ Divorced

\_\_\_\_\_  
First MI Last

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

**Step Parent's Full Name (If Applicable):**

\_\_\_\_\_  
First MI Last

Is the stepparent the legal guardian of this student? Yes \_\_\_\_ No \_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

**\* Please include copy of current divorce decree outlining custody arrangements with this completed application**

Student Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



## General information

Applicant lives with?  Father  Mother  Both  Other \_\_\_\_\_

Where should bills be sent?  Father  Mother  Both  Other \_\_\_\_\_

Are you applying for financial aid?  Yes  No If yes, please make sure to fill out the Financial Aid Application

First language, other than English \_\_\_\_\_ Language spoken in the home \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

### Information about brothers and sisters:

1. Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
First MI Last

2. Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
First MI Last

3. Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
First MI Last

4. Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
First MI Last

5. Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
First MI Last

Student Name: \_\_\_\_\_ D.O.B \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**Authorization for Release of Student**

I hereby authorize the Academy to release my child, named above, to the following individuals ONLY.

Person #1	Last, First, MI	Phone
Person #2	Last, First, MI	Phone
Person #3	Last, First, MI	Phone
Person #4	Last, First, MI	Phone

I understand it is my responsibility to notify the school "in writing" if the above information changes and KAJA is neither responsible nor liable for any inability to contact these listed authorized adults.

In Case of an emergency and the parents can not be reached, please contact the following:

1.	Name	Phone number	Relationship
2.	Name	Phone number	Relationship
3.	Name	Phone number	Relationship

**Permission to Photography**

I grant permission to photograph/videotape my child for the following reasons:

Use photographs on bulletin board, yearbook or other similar uses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use photographs for promotional materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use photographs on the KAJA website	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Give video to current parents of enrolled students	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Photographs and video will never be sold, distributed, or placed on the Internet without written permission.

Parent/Guardian Signature	Print Name	Relation	Date
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Student Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



**Medical Admission Information**

Please answer, provide and/ or complete. This information will be on file in the school office and be available for teachers and support personnel. Changes should be reported to the office as soon as possible.

Current Physical Examination Record (See page 8)

**Health History**

Please mark X on the problems associated with your child. A doctor's note may be required.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> No Health Problems   | <input type="checkbox"/> Visual Handicap (specify)    | <input type="checkbox"/> Heart Condition (specify)                |
| <input type="checkbox"/> Glasses/ Contacts    | <input type="checkbox"/> Wears hearing aide           | <input type="checkbox"/> Sickle Cell Anemia                       |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Physical Restrictions        | <input type="checkbox"/> Sickle Cell Trait                        |
| <input type="checkbox"/> ADD/ADHD             | <input type="checkbox"/> Eczema                       | <input type="checkbox"/> Migraines (Doctor's validation required) |
| <input type="checkbox"/> Allergies-Seasonal   | <input type="checkbox"/> Seizures                     | <input type="checkbox"/> Arthritis                                |
| <input type="checkbox"/> Allergies-Food, Drug | <input type="checkbox"/> Allergies-Insects            | <input type="checkbox"/> Severe Head Injury                       |
| <input type="checkbox"/> Scoliosis            | <input type="checkbox"/> Color Blindness              | <input type="checkbox"/> Takes Medication during School           |
| <input type="checkbox"/> Positive T.B. Test   | <input type="checkbox"/> Counseling-Mental, Emotional | <input type="checkbox"/> Kidney/Bladder Problem (specify)         |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Other Health Problems        | <input type="checkbox"/> Speech/Language                          |

Specified Comments: \_\_\_\_\_

Physical Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Does your child require a prescribed sting kit/epinephrine? Yes \_\_\_ No \_\_\_  
If yes, parent-guardian must provide to school with physician's permit and parent authorization to administer the medication.

**Medications:**

List the names and reasons for taking medications during school hours:

Name of Medication: \_\_\_\_\_ Reason: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Reason: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Reason: \_\_\_\_\_

Student Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



**Terms and Conditions**

One completed application is required per student.

Parent-Guardian

Any persons other than the legal parent-guardian must provide substantial proof of their legal authority to request enrollment of a student or provide written request for student information to be released to them. Such requests must be verified, signed and submitted by the legal parent-guardian in order to be acknowledged by KAJA. In some cases, court orders or decrees will be required to be filed in our records, depending on the nature of the request or circumstances. All such documents to be notarized and presented at requester’s expense. The responsibility for understanding any and all the philosophies, policies, and procedures rests with the parents or legal guardians. Submission of this application acknowledges your desire to enroll your child for the entire school year. Submission of this application further acknowledges your understanding that if your student is admitted, all required fees and tuition must be paid by due dates indicated in the current year admission, enrollment, and reenrollment application in order for the school to slot your student. You also acknowledge that disregarding school policy, regardless of reasons or circumstances, warrant administrative withdrawal of your student(s) and probable forfeiture of all right of refunds that may have been authorized by policy.

**Notice of Non-Discriminatory Policy to Students** Killeen Adventist Junior Academy admits any student of any race, color, national or ethnic origin, or handicapped status to all rights, privileges, programs, and activities normally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin, or handicapped status in administration of its educational policies, admission policies, scholarship programs, athletic or other school administered programs.

I/We, the parent(s) or legal guardians(s) of

\_\_\_\_\_  
Student’s Name

Have completely read and fully understand the Terms and Conditions of the Tuition and Fees Agreement, the sections of the Parent Handbook and Application & Enrollment packet. As indicated by my/our signatures below, I/we agree to honor and comply with the policies and plans set forth therein. I/We will not attempt to undermine the principles of the school’s philosophies or Policy by any means while my/our children are enrolled. I/We further understand that from time to time, KAJA may amend, or be required to amend, its policies and procedures, and that I/We will be notified of such. I have read, been informed, and understand the schedule of fees and tuition pertaining to enrollment of my child and accept the terms and conditions of the financial obligations required for my child’s/children’s enrollment. I hereby certify and affirm that the foregoing information entered is true and correct to the best of my knowledge.

Parent-Legal Guardians:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



## Tuition Policy

*We believe that tuition payments are an investment in your child’s education and religious formation. Therefore, Killeen Adventist Junior Academy School Board and Financial Committee has the responsibility for adopting certain policies concerning the amount of tuition, the manner of payment, and in general, the development of policy in this area of concern. Furthermore, it is the responsibility of the School Board to ensure that adequate financial resources are available for the school, and that enrollment is as available and affordable as much as possible to all families.*

### Initial

\_\_\_\_\_ I understand that all families must use the online FACTS system. (You will find the link on our website [www.mykaja.org](http://www.mykaja.org))

\_\_\_\_\_ I understand that a 10% discount per child will be granted for those families enrolling two or more students. The first child pays full tuition.

\_\_\_\_\_ Deadlines and fees for payments through the online FACTS system:

August 1<sup>st</sup> for full year payment and a \$10 fee

August 1<sup>st</sup> and January 1<sup>st</sup> for half-year payments and a \$10 fee

1<sup>st</sup> of every month (for 10 months) for monthly payments and a \$43 fee

\_\_\_\_\_ The tuition for my child is: \$300.00\* (PRE-K-8) and \$450.00\* (9) for 10 months and is due on the first of each month.

\_\_\_\_\_ Registration fees are \$300 and must be paid prior to the student starting school through the online FACTS system.

\_\_\_\_\_ All monthly tuition payments are to be paid through the online FACTS system, some payments may be made through the school. I understand and agree that FACTS/school will collect a \$25 late fee on all late tuition payments made after the 15<sup>th</sup> of the month. I understand that if the tuition payments are sixty days late, my child will be suspended.

\_\_\_\_\_ I understand that there will be a 2.5% convenience fee if I use my credit card.

\_\_\_\_\_ I understand that I will have to apply on-line at [www.factstuitionaid.com](http://www.factstuitionaid.com) by June 1<sup>st</sup> for Tuition Assistance. Limited Tuition Assistance may be available for qualified students through the Student Financial Assistance program.

\_\_\_\_\_ I understand that if I withdraw my child for any reason, no refund of registration fees or previously paid tuition FOR THAT MONTH will be expected. Parents who have prepaid tuition FOR FUTURE MONTHS will receive a pro-rated refund of tuition. This applies to the academic months after the month in which the student is withdrawn.

“I have reviewed the financial policies of KAJA and agree to adhere and comply with them. I understand I am fully responsible for my child’s tuition unless I have received written notification from the Student Financial Assistance Committee of acceptance of my financial aid application. In the event I am receiving financial aid, I agree to regularly pay my portion. ”

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Parent or Guardian Signature (If applicable)

\_\_\_\_\_  
Date

Student Name: \_\_\_\_\_

D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



### Student Release of Liability Form For Participation in Academy

I, the undersigned parent or legal guardian, in consideration for my child’s participation in “Killeen Adventist Junior Academy” (hereinafter referred to as the “KAJA”) sponsored activities pertaining to his or her enrollment in KAJA, hereby consent for my child.

Student’s Full Name Printed Here \_\_\_\_\_

Who is currently \_\_\_\_\_ years of age, to participate in the activities connected with all KAJA sponsored events, including but not limited to the following: Athletics (age related and elective), field trips, recess, playground access and utilization, physical education, age-related science and chemistry experiments performed as part of school’s education program, computer and computer lab utilization, fundraising events, art, music, individual and class photograph taken of my student, inclusion of my student’s photograph in KAJA sponsored or authorized publications, transportation to and from KAJA sponsored events, awards and recognition ceremonies, chapel services, baptism by immersion, Bible classes, fire drill procedure, severe weather drill procedure, and classroom management programs.

I certify that my child is able to participate in any and all KAJA sponsored events with exceptions being documented below. List all activities in which child may NOT participate:

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

In the event my student has any medical condition which may be relevant to a physician in the event of an emergency, I have completed and submitted this information to the KAJA administration. I have also provided the same with routine and emergency telephone numbers where I may be contacted. I understand it is my responsibility to update these numbers in the event they change. If I cannot be reached via these telephone numbers within a reasonable period of time, I hereby authorize KAJA and Killeen Seventh-day Adventist Church (sponsoring church, hereinafter referred to as the “Church”) or adult sponsors of the activity to make emergency decisions for my child. I consent and give KAJA permission to select a medical treatment facility, physician, and all necessary emergency medical care required in case of an accident or emergency. I agree to indemnify and hold harmless any person affiliated with KAJA or church that makes decisions concerning the health and welfare of my student in an emergency situation. I will be responsible for all payments of all treatments, hospitalization, anesthesia or surgery in respect to the emergency care on my student’s behalf. An emergency is defined as a condition or situation wherein my child’s safety, health, welfare and/or life face perceived eminent danger or threat. I understand and agree that if I choose, that I may select to deny my student’s participation in any particular KAJA activity. I further understand that my denial of my student’s participation in certain activities directly corresponds to KAJA’s academic program may adversely affect my child’s grade reports. I also understand and agree to personally provide alternate care for my student when I select to deny their participation in group or classroom activities, acknowledging that in such circumstances, that KAJA has no responsibility to provide individual supervision nor any refund of tuition concerning my student as a result of a personal participation declination.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACADEMY SPONSORED ACTIVITES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do, for myself and my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge KAJA, the Church, and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child’s participation in KAJA sponsored activities or any other associated activities including but not limited to, any injury to my child or property, even injury resulting in death.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion hereof is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto.

I further state that I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. I understand that this is a legally binding agreement. I understand that by not signing and submitting this Release to the Academy will prevent my child from being enrolled and attending KAJA.

\_\_\_\_\_  
Parent or Legal Guardian Signature Date

\_\_\_\_\_  
Parent or Legal Guardian Signature Date

**One Release per Student Required**

Student Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student Physical Evaluation

Address: \_\_\_\_\_

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

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

**Part B: Physical Evaluation Form**  
**(Completed by the examining licensed provider MD, DO, NP or PA)**

**-EXAMINING PHYSICIAN/PROVIDER CONTACT INFORMATION-**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**-FINDINGS OF PHYSICAL EVALUATION-**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_ bpm.

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: Y / N Contacts: Y / N Glasses: Y / N

PHYSICAL EXAM/AREA OF CONCERN	NORMAL?	ABNORMAL FINDINGS/COMMENTS
General Appearance	YES	
Head/Neck	YES	
Eyes/Sclera/Pupils	YES	
Ears	YES	
Gross Hearing	YES	
Nose/Mouth/Throat	YES	
Lymph Glands	YES	
Cardiovascular	YES	
Skin	YES	
Psychosocial	YES	
Attention Deficit/Hyperactivity	YES	
Behavior/Adjustment	YES	
Speech/Language	YES	

Medications currently prescribed, with dose and frequency:

Medication Name	Dosage	Frequency

Remarks: (Please explain any abnormal findings.) \_\_\_\_\_

General Recommendations: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Signature: \_\_\_\_\_