

# Edge Christian Academy

3222 Platt Springs Road, West Columbia, SC 29170

(803) 796-2860

Attach Photograph  
of student.

(Head and shoulders  
is requested)

## STUDENT APPLICATION

“Like arrows in the hand of a warrior,  
so are one’s children.” Psalm 127:4

**PLEASE RETURN TO:**  
ADMINISTRATOR  
EDGE CHRISTIAN ACADEMY  
3222 PLATT SPRINGS ROAD  
WEST COLUMBIA, S.C. 29170

Grade \_\_\_\_\_ School Year \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_  
Last Name First Middle

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

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sex: \_\_\_\_\_ Nationality: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

### Parent Information

Father or Guardian \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father’s place of Employment \_\_\_\_\_ Email Address \_\_\_\_\_

Mother or Guardian \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother’s place of Employment \_\_\_\_\_ Email Address \_\_\_\_\_

Marital Status Married \_\_\_\_\_ Divorced \_\_\_\_\_ Divorced/Remarried \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_

Student lives with \_\_\_\_\_

Name and Social Security Number is needed of the person who will be financially responsible for the fees and tuition of the child attending Edge Christian Academy. This information is only used in the event you leave Edge Christian Academy with unpaid dues, and we have to turn account over to the collection’s office.

\_\_\_\_\_  
Person Financially Responsible Social Security Number Date

## Student Information

Does your child have any known handicaps, mental or physical, that would limit his/her participation in our education program? \_\_\_\_\_

Has your child had any difficulty with school discipline, suspended, or expelled? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child repeated a grade or been advised to repeat a grade? \_\_\_\_\_

What is your child's weakest subject(s)? \_\_\_\_\_

May we contact previous teacher and/or principals regarding your child's academic and social participation? \_\_\_\_\_

Name, address, and telephone number of the school: \_\_\_\_\_

\_\_\_\_\_

Teacher or Principal's name: \_\_\_\_\_

Has your child ever attended a private or Christian school? \_\_\_\_\_

Dates of attendance \_\_\_\_\_

Name, address, and telephone number of the school: \_\_\_\_\_

\_\_\_\_\_

If you are planning to transfer your child from another Christian school, locally or otherwise, is your financial obligation to them satisfied? \_\_\_\_\_ If not, explain: \_\_\_\_\_

\_\_\_\_\_

Do you have other children of school age? \_\_\_\_\_ Are you submitting for them? \_\_\_\_\_

Explain if no: \_\_\_\_\_

How did you learn of Edge Christian Academy? \_\_\_\_\_

State the reason(s) why you wish your child to attend Edge Christian Academy. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Record

Is your child presently on any kind of medication or under supervision of a physician? \_\_\_\_\_

If yes, state why and the physician's contact information. If medicine is to be administered during school hours, you must provide the office with written and signed detailed instructions.

\_\_\_\_\_

In event of an emergency involving the health and safety of your child, and should the school be unable to contact you, **EDGE CHRISTIAN ACADEMY IS AUTHORIZED TO USE ITS BEST JUDGEMENT IN SECURING MEDICAL AID FOR YOUR CHILD. In case of emergency, your hospital preference is:** \_\_\_\_\_

In the event ECA needs to contact you for any reason, and you are unable to be reached, the school should contact the following relatives, friends, or neighbors. You may provide this list in order of preference. These people also have your permission to pick your child up from school.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Place of Employment \_\_\_\_\_ Day time telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Place of Employment \_\_\_\_\_ Day time telephone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Place of Employment \_\_\_\_\_ Day time telephone \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Place of Employment \_\_\_\_\_ Day time telephone \_\_\_\_\_

*If someone other than the parents is responsible, on a regular basis, to pick up your child from school, please indicate below. (Example: daycare vans, babysitters, etc.)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date \_\_\_\_\_

## Statement of Cooperation

Please carefully read the following statements. Each parent must initial each category as indicated. Your signature is required at the bottom of this page.

<b>Father</b>	<b>Mother</b>	
---------------	---------------	--

- |          |       |  |
|----------|-------|--|
| 1. _____ | _____ | I understand that Edge Christian Academy will make the decision to (1) accept or reject this applicant as a student, (2) determine the student's classroom and/or grade placement, (3) suspend or expel the student for any scholastic or disciplinary problem or lack of proper payments on accounts. |
| 2. _____ | _____ | I agree that my child, if accepted for admission, may be disciplined by the administration.  |
| 3. _____ | _____ | I agree for my child to participate in field trips scheduled by the school. (You will be notified in advance.)   |
| 4. _____ | _____ | I agree to attend the Parent/Teacher meetings as scheduled on the school calendar.   |
| 5. _____ | _____ | I agree to pray for my child, his/her teacher, and Edge Christian Academy.   |
| 6. _____ | _____ | I agree that my child will adhere to the Student Dress Standards and Handbook.   |
| 7. _____ | _____ | In an effort to help keep tuition costs as low as possible, I commit to support the school in any and all fund raiser activities. I agree to pay \$200.00 per fundraiser that we do not participate in.  |

I/ we have read, fully understand, and agree to abide by the purpose and policies of Edge Christian Academy and do hereby request that my/our child be accepted as a student. In consideration of Edge Christian Academy accepting my child as a student, I agree that I will accept full financial responsibility for my child's tuition and fees. My signature also verifies that I am the parent or legal guardian of this child. Falsifying information and/or leaving pertinent information off of this application is grounds for not accepting a student or immediate dismissal.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

SIGNATURES OF BOTH PARENTS ARE REQUIRED UNLESS THIS REQUIREMENT IS WAIVED  
BY ACTION OF THE SCHOOL BOARD.

### ***NON-DISCRIMINATORY POLICY***

*Edge Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarships and local programs, athletic and other school administered programs.*



# Edge Christian Academy/Preschool

3222 Platt Springs Road  
West Columbia, SC 29170  
803-796-2860

## Permission Forms

Permission to use, photograph, and/or video in school related media, i.e. advertising, website, yearbook, newspapers, etc.

*Please initial on line.*

\_\_\_\_\_ I grant permission to Edge Christian Academy/Preschool, its representatives, employees, and affiliates the right to take and/or to video my child/children in connection with the above-identified subject. I also authorize Edge Christian Academy/Preschool, its assigns, and transferees to copyright, use, and publish the same in print and/or electronically.

\_\_\_\_\_ I DO NOT grant permission for my child/children to be photographed and/or videoed and published in print and/or electronically.

\_\_\_\_\_ I Do grant permission for my child/children's photographs to be use in the yearbook only.

(This media release is in effect from the date it is signed until it is rescinded in writing by the parent/legal guardian.)

## Permission to Cross Shasta Street

\_\_\_\_\_ I grant my child/children permission to cross Shasta Street from Edge Christian Academy/Preschool to the cafeteria and/or church sanctuary. They will always be accompanied by their teacher or adult approved by Edge Christian Academy/Preschool.

\_\_\_\_\_ I DO NOT grant permission for my child/children to cross Shasta Street to go to the cafeteria or the church sanctuary.

## Fund Raising Participation/Non Participation

\_\_\_\_\_ I wish to pay the \$200 per child per semester for a non-participation fee. This can be divided into two payments: one by September 15<sup>th</sup> and one by January 15<sup>th</sup>.

\*\*\*\*\*

\_\_\_\_\_ I want to participate in all school-wide fund raiser events. I understand and agree to raise a minimum of \$200 per child, per fund raiser.

- For our Fall fundraiser, Read-a-thon, a minimum of 20 addresses are requested for a (1) student family; 15 addresses per child for a (2) student family; and 12 addresses per child for a (3) student family.
- For our Spring fundraiser, World's Finest Chocolate, we require that each student sell two boxes of chocolate.

\_\_\_\_\_ \*I HAVE READ AND UNDERSTOOD ALL OF THE ABOVE TERMS AND AGREEMENTS.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent's Name & Date

# Medical Release

## Edge Christian Academy

3222 Platt Springs Road ♦ West Columbia, SC 29170 ♦ (803) 796-2860

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

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

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_ Birth Date \_\_\_\_\_

### Medical information

Check the appropriate blank if you have ever had any of the following apply to you, and explain under remarks, indicating the number.

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Allergies (including drug) | <input type="checkbox"/> 9. High blood pressure     |
| <input type="checkbox"/> 2. Asthma                     | <input type="checkbox"/> 10. Operation in last year |
| <input type="checkbox"/> 3. Bee/Wasp Reaction          | <input type="checkbox"/> 11. Penicillin Allergy     |
| <input type="checkbox"/> 4. Diabetes                   | <input type="checkbox"/> 12. Physical handicap      |
| <input type="checkbox"/> 5. Dizziness or fainting      | <input type="checkbox"/> 13. Regular medication     |
| <input type="checkbox"/> 6. Epilepsy                   | <input type="checkbox"/> 14. Respiratory problems   |
| <input type="checkbox"/> 7. Hay fever                  | <input type="checkbox"/> 15. Any medical problem    |
| <input type="checkbox"/> 8. Heart trouble              | not listed(List below)                              |

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child take medication regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what medication? Please provide any instruction we need to know about administering this medication.

### In case of emergency contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

### Phone Numbers

Home \_\_\_\_\_

Work \_\_\_\_\_

Cellular \_\_\_\_\_

Beeper \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Physician Information

Student's Doctor \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

In case of an emergency we will provide this information to the hospital or doctor.

### Field Trip Information

**Place:**

**Date(s):**

**Grade/Classes to be included:**

**Time:**

### Parent/Guardian Release

As the parent/legal guardian of the above named minor, I give my permission for him/her to participate in the **Edge Christian Academy** activities/field trip. I certify the above information is correct. In an emergency I give my permission to a representative of **ECA** to administer medication mentioned above or secure emergency medical attention for my child. I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery on my child named above. I understand that every reasonable effort will be made to contact me before these actions are taken. I will also instruct my child to abide by policies of **ECA** which regulates participation in activities/field trips, and I will support **ECA** in the enforcement of such policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_