

# STUDENT APPLICATION FORM

**\*All applications are subject to board approval prior to admittance\***

*The Oneonta 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 students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and athletic and other school-administered programs.*

## OCA Vision and Purpose Statement

Oneonta Christian Academy provides an excellent Christ-centered education, aspiring to equip our students to be world changing leaders; confident in their purpose and humble in their calling while serving in their families, vocations, and communities.

Name of Child \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_

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

County: \_\_\_\_\_ School District: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. What are your reasons for wishing to enroll your child in a Christian School?

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

2. What is your church affiliation? \_\_\_\_\_

3. Are one or both parents professing Christians? *(This is not a requirement for admission providing that you make no objection to the Bible-based teaching and chapel program of the school.)* Yes \_\_\_ No \_\_\_

4. Does your child have any physical, emotional, or learning disabilities? If so, please specify as to the nature and extent of the disability. Yes *(please use back of page)* \_\_\_ No \_\_\_

5. Is there anything else you would like us to know about your child? Yes *(please use back of page)* \_\_\_ No \_\_\_

6. Do you permit your child to be taught in accordance with the Statement of Faith? Yes \_\_\_ No \_\_\_

7. Do you agree to and plan to attend the Orientation scheduled? Yes \_\_\_ No \_\_\_

*\*Families (especially new families) are required to attend a group orientation or schedule an orientation with an OCA Staff person.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**SPACE FOR ANSWERING QUESTIONS 4 & 5**