

Jansen Christian Academy

57309 715 Road, P.O. Box 101, Jansen, NE 68377

Thank you for your interest in Jansen Christian Academy (JCA). It is exciting to see God's leading and direction in the development of our school. JCA exists as a supplement to the parents' own teaching, enabling the parents to be more effective in their time with their children.

Please read over the JCA application carefully and fill it out completely. The decision to attend JCA should be made only after weighing all of the benefits as well as the sacrifices that may be necessary. We are praying that God will send families to Jansen Christian Academy who desire a thoroughly Christ-centered education for their children.

Jansen Christian Academy is not associated with a specific church or denomination. No one will be denied admission on the basis of gender, race, color, or national origin.

Admission Process

Families seeking to enroll students for the upcoming school year should follow the procedure outlined below. Please feel free to make copies of application as each child needs one.

1. Parent(s) should complete the Application for Enrollment, the Authorization for Release of Educational Records (*if their student will be transferring from another school*), sign the Parental Statement of Cooperation and distribute the recommendation forms to a pastor and a personal reference.
2. Students in grades 3-12 should review and sign the Student Conduct Agreement.
3. Parent(s) must provide a copy of their student's Immunization History with the application.
4. Parent(s) should photocopy for inclusion in the registration packet the following materials:
 - Student's birth certificate
 - Student's latest report card
 - Student's most recent end-of-grade test results or achievement test grades
5. A non-refundable application fee of \$50 must accompany the applications of all new students. The fee is due from all applicants. Also include the non-refundable tuition deposit of \$220 (August tuition). Checks should be made payable to Jansen Christian Academy. Completed forms should be returned to:

Jansen Christian Academy
P.O. Box 101
Jansen, NE 68377
6. Recommendation forms should be returned directly to JCA by the evaluator as directed on the recommendation forms. Encourage them to send them as soon as possible.
7. JCA staff will contact the family to schedule the screening once all required forms and recommendations have been received.
8. After the screening, the JCA Admissions Committee will conduct admissions interviews; both parents and the student must attend. It is our opportunity to get to know one another and to determine the extent of a good match between the school and the family (parents and student).
9. JCA will notify the family of the student's admittance status immediately upon determination by the Admissions Committee.

If you have questions, please contact (402) 424-2645.

Father's Name _____ Home Phone _____

Address _____

_____ e-mail _____

Occupation _____ Business Phone _____

Employer _____

Skills, interests, hobbies you might be willing to share _____

Mother's Name _____ Home Phone _____

Address _____

_____ e-mail _____

Occupation _____ Business Phone _____

Employer _____

Skills, interests, hobbies you might be willing to share _____

If student is not living in home of parents, name of responsible adult or guardian:

Name _____

Address _____ Home Phone _____

Employment _____ Business Phone _____

Maternal Grandparents

Paternal Grandparents

Name _____ Name _____

Address _____ Address _____

Phone Number _____ Phone Number _____

I give permission for grandparents to be included in general school mailings. Yes No

I give permission for grandparents to be invited to special events and programs. Yes No

Name(s) and grade(s) of other family members attending our school _____

If you cannot pick up your child, names of persons to whom he/she may be released

Name _____ Phone _____

Name _____ Phone _____

Emergency Information Sheet

Child's Name _____ Date of Birth _____

Home Phone _____ Dad's work _____ Dad's cell _____

Mom's work _____ Mom's cell _____

MEDICAL HISTORY - Attach copy of any relevant medical information we might need. If a returning student, please attach copies of all updated medical information we might need.

Hospitalization History _____

Physical Handicap _____

Is child under ongoing care of physician? _____ Reason _____

Present illnesses, allergies _____

Is child on prescribed medication? ___ Yes ___ No If yes, name of medication and reason prescribed. ___

EMERGENCY CARE INFORMATION

Name of Child's Doctor _____ Phone _____

Office Address _____

Name of Child's Dentist _____ Phone _____

Office Address _____

If parents or guardians cannot be reached, call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

JCA may authorize the physician of its choice to provide emergency medical care in the event that neither we nor our family physician can be contacted immediately. JCA will use The Fairbury Clinic or Jefferson Community Health Center for emergency purposes.

Parent's/Guardian's Signature Date _____

Parent's/Guardian's Signature Date _____

Student Conduct Agreement

(Grades 3 – 12)

At Jansen Christian Academy we want to help you to become excellent students and to grow in your Christian character. This is a growing process and the items below will help you to see how you are progressing in this process. Part of your responsibility in attending JCA is a commitment to the following behaviors. Please read them carefully since you will be held accountable for this commitment.

1. I will obey promptly with a respectful attitude and make attentive eye contact with the person giving directions. (Hebrews 13:17) *“Obey those who rule over you, and be submissive, for they watch out for your souls, as those who must give account.”*
2. I will obey cheerfully, with a thankful attitude, and without grumbling, grimacing expressions, sighing, and non-verbal complaining. (I Thessalonians 5:18) *“...in everything give thanks; for this is the will of God in Christ Jesus for you.”*
3. I will be a hard worker. My work will be done with neatness and strong effort. I will focus on finishing my assignments. (Ephesians 6:6,7) *“[obey] not with eye service, as men pleasers, but as bondservants of Christ, doing the will of God from the heart, with good will doing service, as to the Lord, and not to men.”*
4. I will treat everyone with consideration, kindness, and compassion. (Ephesians 4:29, 32) *“Let no corrupt word proceed out of your mouth, but what is good for necessary edification, that it may impart grace to the hearers. And be kind to one another, tenderhearted, forgiving one another, even as God in Christ forgave you.”*
5. I will speak only the truth and words that will be helpful to others. I will not talk about others behind their back and will not be a “tattle tale”. (Ephesians 4:25) *“Therefore, putting away lying, ‘Let each one of you speak truth with his neighbor,’ for we are members of one another.”*
6. I will exercise self-control in my words and actions. (Proverbs 25:28) *“Whoever has no rule over his own spirit is like a city broken down, without walls.”*
7. I will display order by keeping my personal belongings and the school’s appearance neat. (I Corinthians 14:40) *“Let all things be done decently and in order.”*

Student Name: _____

Student Signature

Date

Pastoral Recommendation Form

Name of Student _____ Grade to which applying _____
(Please print) LAST First Middle

To the Parent:

Please complete the top section of this form and give it to a pastor, youth pastor, or Sunday School teacher who knows your child well. I give my permission for the following information to be released to Jansen Christian Academy. I understand that it will be treated confidentially and will not be released to me.

Signature of Parent

To the Reference:

This student is seeking admission to Jansen Christian Academy, a Christ-centered school which offers instruction for Kindergarten through 6th grade. We would appreciate your observations. If you wish to discuss this student personally rather than complete this form, please check here [] and complete the bottom portion. We will contact you.

PARENT INFORMATION

Are parents members of your church?

Mother ___ Yes ___ No

Father ___ Yes ___ No

Level of involvement:

___ Active

___ Inactive

Their involvement includes:

___ Sunday School attendance

___ Teaching

___ Choir

___ Committees

___ Youth work

___ Other _____

Frequency of attendance:

___ Weekly ___ Monthly ___ Occasionally

STUDENT INFORMATION

Is prospective student a member of your church?

___ Yes ___ No

Level of involvement:

___ Active ___ Inactive

His/her involvement includes:

___ Sunday School attendance

___ Teaching

___ Choir

___ Youth activities

___ Structured

___ Social

___ Other _____

Frequency of attendance:

___ Weekly ___ Monthly ___ Occasionally

How long and in what capacity have you known the student? _____

To the best of your knowledge, is the student saved? _____

Based on your observations and the developmental level of the child, how would you describe the spiritual maturity of this student _____

What are the child's strengths? _____

weaknesses? _____

To the best of your knowledge, are the parents supportive church members? _____

How would you describe the parent-child relationship? _____

What positive contribution would you anticipate this student making to the classroom and Jansen Christian Academy?

I recommend this student Yes _____ No _____ With this reservation _____

Signature _____ Church _____

Name (please print) _____ Phone _____

Position _____ Date _____

Please mail this form directly to the address below:

**Jansen Christian Academy
P.O. Box 101
Jansen, NE 68377**

Thank you for your help with this student's application process.

Personal Recommendation Form

Name of Student _____ Grade for which applying _____
(Please print) LAST First Middle

To the Parent:

Please complete the top section of this form and give it to an adult (not a relative) who knows your child well. I give my permission for the following information to be released to Jansen Christian Academy. I understand that it will be treated confidentially and will not be released to me.

Signature of Parent

To the Reference:

This student is seeking admission to Jansen Christian Academy, a Christ-centered school which offers instruction from Kindergarten through 6th grade. We would appreciate your observations. If you wish to discuss this student personally rather than complete this form, please check here [] and complete the bottom portion. We will contact you.

How long and in what capacity have you known this student? _____

Does this student show evidence of good character? _____

Would you want your child to attend school with this student? _____ Why or why not?

What are this person's greatest strengths? _____

What are his/her weaknesses? _____

I recommend this student: Yes _____ No _____ With this reservation _____

Additional comments: _____

Signature _____ Phone _____

Name (please print) _____ Date _____

Relationship to student _____

Please mail this form directly to the address below:

**Jansen Christian Academy
P.O. Box 101
Jansen, NE 68377**

AUTHORIZATION FOR TREATMENT AND FIELD TRIPS

The undersigned, being the parent(s) or legal guardian(s) of

_____, a minor, born on _____,

request and authorize Jansen Christian Academy, its teachers, instructional assistants, staff, adult volunteers, and agents thereof, (1) to obtain medical or dental care for the aforementioned minor child, when, (a) in the judgment of said teachers, assistants, staff, volunteers or agents, such treatment is necessary for the minor child and (b) attempt(s) to reach me (us) have failed or in the judgment of said teachers, assistants, staff, volunteers or agents, the need for treatment is so immediate that there is not time to make such attempt(s), and (2) to authorize any x-ray examinations, anesthetic, diagnosis, medical, dental or surgical treatment, or hospital or clinic service that may be required by said minor in the estimation of a physician, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. It is understood that this authorization is given in advance of any specific diagnosis or required treatment and is given to encourage said hospital and said physician to exercise their best judgment as to the requirements of such diagnosis and treatment in those instances when a parent or guardian of the minor is unavailable to provide consent to treatment.

In addition, I/we understand that the minor child may participate in field trips from time to time; therefore, I/we hereby authorize Jansen Christian Academy to arrange transportation for such field trips.

Furthermore, I/we, jointly and severally, as parent(s) and legal guardian(s) of the minor child, hereby release, discharge, and agree to hold harmless and indemnify Jansen Christian Academy, its Board of Directors, employees, volunteers, and their agents, from any and all liability, actions, causes of action, costs, expenses, compensation, damages, claims or demands resulting from (1) decisions made in selecting medical or dental providers or in authorizing medical or dental treatment, (2) injuries or property damage resulting from treatment or transportation to and from any facility for the purpose of obtaining such treatment, or (3) the minor child participating in any field trip, including any and all claims for personal injuries or property damage sustained while participating in or traveling to or from any field trip.

SPECIFIC AUTHORIZATION

This authorization is valid from August 15 to June 1 of the present school year

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Daytime Telephone Number _____

Evening _____

Dad's cell _____ Mom's cell _____

Both Parents/Guardians must sign this form.

AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

Please complete the authorization below and return this form with your child's application.

Student's last name _____ first name _____ middle name _____

Birth date _____ Grade _____

In accordance with Federal regulations regarding the privacy rights of parents and students under The Family Educational and Privacy Act of 1974, the undersigned hereby requests the release to Jansen Christian Academy all educational records, including recommendations and other information as may be requested, regarding the above-named student who has applied for admission to Jansen Christian Academy.

Signature of Parent or Legal Guardian

Date

TO PRINCIPAL, GUIDANCE COUNSELOR, OR RECORDS OFFICE

PREVIOUS SCHOOL _____

ADDRESS _____

CITY, STATE, ZIP _____

The student named above has applied for admission to Jansen Christian Academy. Please send the following:

1. A transcript of the student's record to date.
2. A copy of the student's complete test profile.
3. Health records including immunization, vision, and hearing tests.
4. A copy of all disciplinary records.
5. A copy of all psychological reports.
6. A copy of the student's Individual Educational Plan.
7. A copy of the student's Special Education Placement forms.

Please mail information to:

**Jansen Christian Academy
P.O. Box 101
Jansen, NE 68377**

If questions, please call:

Jansen Christian Academy
(402) 424-2645

For office use only

Date records requested _____

Date records received _____

Tuition and Fees Payment Schedule

NAME (person responsible for account) _____

STUDENT(S) Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Application Fee..... \$50 (nonrefundable, due with application)

Annual Tuition:..... \$2,200 – Kindergarten
(does not include textbooks) \$2,200 – 1st thru 6th grades
\$1,200 – grades 7-12

There is a multi-student discount of 10% for the 2nd child and 30% for each child after that.

Other Fees:

Supply Fee..... \$65/year
Activity Fee..... \$15/semester
ITBS Test Fee (grades 3-11)..... \$50/year (subject to change, due when tests are ordered)

Nonrefundable Deposit:..... one month's payment per child (due by August 1)

Payment Plan Options (Please select one of the following):

1) Lump sum prepayment..... (per child per semester)
1st semester amount due August 1, second semester amount due January 1

2) Monthly payments..... \$220 per month Sept. 1 – May 1

Non-Refundable Deposit: a nonrefundable deposit of one months' tuition per child is required by August 1 to hold a place for the upcoming academic year. This amount will constitute the first tuition payment for the academic year. The remaining tuition amount will be payable on Sept. 1 and on Jan. 1, or by making 9 monthly payments beginning on Sept. 1.

Late Payment: Please note that payment is due on the 1st day of each month. JCA will apply a late payment charge of \$20 per child for payments not received by the 10th of each month.

Method of Payment: Make checks payable to Jansen Christian Academy. To ensure credit for on-time payment, it must be postmarked by the above stated dates. Any issues regarding tuition payments should be discussed with the JCA treasurer only.

Mail Tuition payments to: *Jansen Christian Academy
P.O. Box 25
Beatrice, NE 68310*

I agree to pay Jansen Christian Academy on a timely basis and in accordance with the above stated guidelines.

Signed: _____ Date: _____