

# *Junction Christian Academy*

**"Providing an academic education of excellence in a Christ centered environment."**

9924 Catchings Rd. Hobbs, NM 88240

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## **NOTICE OF NONDISCRIMINATORY POLICY**

Junction Christian Academy, a ministry of Cowboy Junction Church, admits students of any race, color, nationality, 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, nationality, and ethnic origin in administration of its educational policies, admission policies, or school-administered programs.

## **ADMISSION PROCEDURES**

Our desire is to provide your child with the best Christian education possible. We believe that children should be well equipped in regard to academics, but even more important is their knowledge of the ways of the Lord and their relationship with Him. As home, church and school work together, this process can be enhanced and enriched. In order to do that, we need to form a partnership with families who seek to live their lives in agreement with our Statement of Faith. We do not accept students on a first-come-first-serve basis, but are diligent in screening potential students from families who will work with us and who share this common goal.

*Therefore it is important that the following criteria be met prior to application.*

**Criteria #1**—Students must have a positive report from their current school. These reports include report cards and confidential recommendations. We do not admit students that are needing improvement in behavior or who have been dismissed for disciplinary problems from any other school, or a student with high levels of unexcused tardies/absences.

**Criteria #2**—Families must accept and support the Biblical principles outlined in our Statement of Mission, Vision, and Faith, as well as, our Philosophy of Education.

**Criteria #3**—Families must agree to support the school and its policies without reservation.

## **APPLICATION PROCESS**

JCA uses an application process for determining qualified candidates. Application packets are available through the school office. We accept students who have a godly character. We are not an outreach or rehabilitation program for students with character problems. Our admissions process entails the following steps:

1. Submission of a completed student application.
2. Entrance testing/screening for kindergarten, if necessary.
3. Special needs students will be admitted on an individual basis (only as we are able to meet particular needs).
4. Payment of the registration fee.
5. Interview with parents and student.

## Facts about Junction Christian Academy

- ❖ Junction Christian Academy is located at 9924 Catchings Road four miles north of Hobbs on the Hobbs/Lovington Highway at Cowboy Junction Church.
- ❖ School will start August 19, 2010 with Kindergarten and First Grade using the current facilities with plans for building a facility.
- ❖ Students will attend school four days per week Tuesday through Friday. There will be no more than 15 students per teacher.
- ❖ We will be using Abeka Christian curriculum for the subject areas of Bible, Reading, Math, Language, Science, and Social Studies. We will also provide computers, library, P.E., and music.
- ❖ The registration fee is \$150, and the tuition is \$3250 per year. Included, you will find a chart comparing tuition, registration, and book fees from other Christian schools locally and state-wide, as well as, day care expense. Individual payment schedule contracts are available.
- ❖ There will also be discounts available for families who have more than one student attending JCA.
- ❖ Each year we will add one grade level up through fifth grade.
- ❖ Teachers are New Mexico State Department of Education certified teachers.
- ❖ JCA is a member of Association of Christian Schools Incorporated (ACSI).

## Application for Admission

### Enrollment Information

School Year \_\_\_\_\_ Grade Entering \_\_\_\_\_  
Date of Enrollement \_\_\_\_\_ Student SSN \_\_\_\_\_  
  
Student's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Student's Last Name \_\_\_\_\_ Gender \_\_\_\_\_  
Goes By \_\_\_\_\_ Age \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Enrolled Sibling \_\_\_\_\_ Grade \_\_\_\_\_  
Enrolled Sibling \_\_\_\_\_ Grade \_\_\_\_\_  
Enrolled Sibling \_\_\_\_\_ Grade \_\_\_\_\_

### Family Information

Father/Guardian:  
Relation to Student \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Work Phone \_\_\_\_\_ Employer \_\_\_\_\_  
Occupation \_\_\_\_\_  
Home Address \_\_\_\_\_ City/State \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Mother/Guardian:  
Relation to Student \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Work Phone \_\_\_\_\_ Employer \_\_\_\_\_  
Occupation \_\_\_\_\_  
Home Address \_\_\_\_\_ City/State \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### **Academic Information**

Previous Schools Attended **Please give complete address.**

Last School Name \_\_\_\_\_

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

Grades: \_\_\_\_\_ to \_\_\_\_\_ from (year): \_\_\_\_\_ to \_\_\_\_\_

School Name \_\_\_\_\_

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

Grades: \_\_\_\_\_ to \_\_\_\_\_ from (year): \_\_\_\_\_ to \_\_\_\_\_

Full disclosure by parents before admission to CJA about learning or behavioral difficulties is a must. Failure to do so may result in dismissal of your student. If you have further information that may assist in the guidance and placement of your student at CJA, such as medical, psychological, or other information, please list on a separate sheet of paper.

Does this student have any known learning disabilities? \_\_\_ YES \_\_\_ NO If yes, explain:

\_\_\_\_\_

Has this student had any major discipline problems at home/school? \_\_\_ YES \_\_\_ NO If yes, explain:

\_\_\_\_\_

List any difficulties academically, behaviorally, emotionally and socially that your child has had in school:

\_\_\_\_\_

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

\_\_\_ YES \_\_\_ NO If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Has this student ever been under the supervision of a parole officer or under the custody of juvenile courts?

\_\_\_ YES \_\_\_ NO If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Please indicate academic level of student's previous work: \_\_\_ Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Poor

Has this student ever been retained in school? \_\_\_ YES \_\_\_ NO If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Please make a full statement as to why you desire your child to enter Junction Christian Academy.

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**Christian Experience**

Denominational Preference: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Name of Church presently attending: \_\_\_\_\_

Do you attend Sunday school or church?  Regularly  Occasionally  Never

Does this student attend Sunday school or church?  Regularly  Occasionally  Never

Please make a full statement of your personal Christian experience of faith.

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**Statement of Faith**

We believe that the Bible is the inerrant, infallible, Holy Spirit inspired word of God. We believe in Creation and that man was created in the image and likeness of God. We believe that all men are born with the need of a Savior. We believe that Jesus Christ, The Son of God, was conceived of the Holy Spirit and born of the Virgin Mary; that He died on a cross for our sins; He boldly arose from the dead and ascended to heaven, where at the right hand of God the Father, He is now our High Priest and Advocate. We believe that He will personally come again. We believe in His power to save men from sin. We believe in the power of the Holy Spirit. We believe that salvation is by grace through faith in the atoning blood of our Lord and Savior, Jesus Christ. We believe that God is almighty and deserves our praise and worship. The method used to worship God is not as important as the fact that we do worship Him. We are created for the pleasure of God and to fulfill His purpose.

We believe that this Statement of Faith is a basis for Christian fellowship based on God’s love, which is greater than the differences we possess, and all those who sincerely accept it can and should live together in peace and harmony through promoting the cause of Jesus Christ.

**Your signature indicates your desire to have you child(ren) taught from a Christian perspective as reflected in this Statement of Faith.**

\_\_\_\_\_  
Parent of Guardian Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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**Parent's Pledge**

If my child is accepted at Junction Christian Academy, I agree to support, to the best of my ability:

- My child's education by supervising assigned homework and by keeping in regular contact with his/her teachers as needed,
- The various policies and activities of the school,
- The "Statement of Faith" and the spiritual and moral standards of the school,
- The disciplinary standards of the school, which include the use of Biblical, corporal punishment.

**I agree:**

- That my student is to receive training in the Bible and will support the school in its endeavors to encourage and guide my child in applying these teachings,
- To have my student to school on time each day and to pick them up promptly after school,
- To not send my student to school when he/she is ill so as to help prevent illness from spreading to other students,
- To pay tuition and all fees in the agreed timely manner and to abide by all policies in this regard,
- That I do not have any outstanding fees, tuition, accounts and other obligations to any school previously attended,
- That Junction Christian Academy has my permission to use my child's photograph in school publications for the purpose of promotion.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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## MEDICAL EMERGENCY AUTHORIZATION FIELD TRIP PERMISSION

Student's Full Name: \_\_\_\_\_  
Last
First
Middle
Grade

Student's Address: \_\_\_\_\_  
Street/PO
City/State
Zip

Student's Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Parent/Guardian Full Name \_\_\_\_\_ Home/Work Phone #(s) \_\_\_\_\_  
 Parent/Guardian Full Name \_\_\_\_\_ Home/Work Phone #(s) \_\_\_\_\_  
 Cell Phone Numbers \_\_\_\_\_ Pager # \_\_\_\_\_  
 Alternate Emergency Contact (local people to contact if parent/guardian cannot be reached)  
 Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_  
 Date of Last Physical Exam \_\_\_\_\_  
 Physician Name/Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Hospital Name/Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Dentist Name/Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Please indicate if student has had or is currently under treatment for any of the following conditions. Give the year or age when the problem occurred:

_____ Tetanus Shot: (date) _____	_____ Meningitis
_____ Heart Problems: (type) _____	_____ Migraine Headaches
_____ Ear/Hearing Problems (type): _____	_____ High Blood Pressure
_____ Bleeding Disorders (type): _____	_____ Seizures
_____ Hepatitis: (type): _____	_____ Asthma
_____ Infectious Diseases: (type): _____	_____ Diabetes
_____ Muscular Weakness or Paralysis	_____ Use of Contact Lenses <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Emotional Problems:	_____ Latex Allergy <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Other _____	
_____ Reactions to Medicine or Injections? _____	
_____ Hospitalized for surgery/accidents? _____	
_____ Ever been informed of antibiotic therapy prior to dental treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO	

If yes, explain: \_\_\_\_\_  
 PLEASE ADD ANY PROBLEMS NOT LISTED: \_\_\_\_\_

I hereby authorize Junction Christian Academy to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and/or surgical care, in the event I am not immediately available. Any qualified physician, called by JCA may treat and do whatever is necessary for the health and well-being of my child. It is understood that a conscientious effort will be made to notify me (the parent) before such action will be taken. I also agree to accept full responsibility for all costs of any above mentioned medical surgical services.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

By my signature on this form, I hereby consent to allow my child to participate in field trips supervised by the JCA staff away from the school grounds to nearby points of interest.

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

## OTC Medication Permission Form

Instructions: Please initial Yes or No for each medicine. Sign and date the form.

No student will be given these items without a signed form on file in the office. The form must be completed and turned in for registration to be complete.

### Student Information

**Student** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Allergies** \_\_\_\_\_

\_\_\_\_\_

### Over the Counter Medicine

<b>Consent</b>	<b>Medicine</b>	<b>To Treat</b>
Yes _____ No _____	<b>Mints</b>	For mildly irritated throat or mild cough, not accompanied by a fever
Yes _____ No _____	<b>Antibiotic cream</b>	For minor scrapes and cuts
Yes _____ No _____	<b>Aloe Vera Gel</b>	For minor burns
Yes _____ No _____	<b>Benadryl Cream</b>	For minor rashes that itch or burn
Yes _____ No _____	<b>Tylenol</b>	Headache and other mild discomfort
Yes _____ No _____	<b>Motrin</b>	Sore throat

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# Student Emergency Contacts Release Authorization

We must have a record of who may pick up your student. A student cannot leave campus for any reason without first being checked out through the office. Only persons listed on this form will be allowed to pick up students. Phone calls or notes to the office stating that someone who is not on this list may pick up a student are not allowed. All persons must be listed on this page! Your student's safety is our first concern.

**STUDENT'S NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_

Persons **(INCLUDING PARENTS)** who **MAY** pick up the student:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Persons who may **NOT** pick up the student **(If a parent is not allowed to pick up his/her child, we must have court documentation in student's file):**

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Parent(s) Phone number \_\_\_\_\_ Cell# \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_