



New Student Enrollment Confirmation Form

Please complete and return this form to confirm your child's enrollment for the upcoming school year.

Academic Year: _____ Date Submitted: _____ *★ Please print clearly in ink*

STUDENT INFORMATION

Full Legal Name: _____ Preferred Name: _____
Date of Birth: _____ Gender: _____ Grade Enrolling In: _____
Home Address: _____ Apt / Unit #: _____
City: _____ State: _____ ZIP: _____

PARENT / GUARDIAN INFORMATION

Primary Parent / Guardian

Full Name: _____ Relationship: _____
Mobile Phone: _____ Work / Home Phone: _____
Email Address: _____ Employer (optional): _____

Secondary Parent / Guardian

Full Name: _____ Relationship: _____
Mobile Phone: _____ Work / Home Phone: _____
Email Address: _____ Employer (optional): _____

HOUSEHOLD & FAITH COMMUNITY

Primary Language Spoken at Home: _____ Child speaks English? Yes No
ESL / Language Support needed? No Yes — please describe: _____
Church / Congregation Name: _____ City: _____

ENROLLMENT DETAILS

Before / After School Care: Not needed Before school only After school only Both
Dismissal: Parent / Guardian pickup After-care **Other:** _____



PREVIOUS SCHOOL INFORMATION

For transfer students. Please provide the most recent school your child attended.

Previous School Name: _____ Grade Completed: _____

School Address / City: _____ School Phone: _____

Records Release: I authorize OCA to request my child's school records Records already submitted

HEALTH SUMMARY

A full Emergency Contact & Medical Form is required separately. Please flag any critical information here.

Known Allergies: None Yes — detailed on Medical Form Epi-Pen required at school? No Yes

IEP / 504 Plan: None IEP 504 Plan In process

Any other health or learning needs we should be aware of? _____

COMMITMENTS & ACKNOWLEDGMENTS

Please initial each item to confirm you have read and agree.

I understand that submission of this form confirms my child's enrollment. I accept responsibility for the first month's tuition if my child is withdrawn after enrollment is finalized.

I agree to follow OCA's policies, including the student handbook, code of conduct, and all school guidelines communicated throughout the year.

I commit to upholding OCA's Digital Responsibility and Safety Commitment and to partnering with the school in fostering wise, safe, and Christ-honoring technology use.

I commit to open and respectful communication with OCA teachers and administration, and I will provide updated contact or medical information whenever changes occur.

As part of the OCA family, I commit to pray for the school, its staff, and our community. I will seek to support the school's mission through encouragement, involvement, and partnership in my child's education.

PHOTO & MEDIA NOTICE

From time to time, One Christian Academy may photograph or record students during school activities, events, and programs. These images may be used in our school newsletter, website, social media pages, or printed materials to celebrate student life and share our community with current and prospective families.

Your preference will remain on file and carry over each school year. If you change your mind, simply notify the school office in writing and we will update your record. No news from you means your current preference stays in effect.

My preference: I am comfortable with photos / media use as described above
 Please do not include my child in photos or media materials

PARENT / GUARDIAN SIGNATURE

By signing below, I confirm that all information on this form is accurate and complete. I agree to all commitments and acknowledgments listed above, and I understand that enrollment is subject to OCA's review and approval.

Signature of Parent / Guardian: _____ Date: _____

Printed Name: _____ Relationship to Student: _____