



# THE POTTER'S HOUSE CHRISTIAN ACADEMY

ELEMENTARY: 5732 Normandy Boulevard ♥ Jacksonville, FL 32205 ♥ (904) 786-0028 ♥ FAX: (904) 693-6426

UPPER SCHOOL: 1150 South Lane Avenue ♥ Jacksonville, FL 32205 ♥ (904) 695-2837 ♥ FAX: (904) 695-2954

## 2018 - 2019 REGISTRATION FORM

(Required)

SSN: \_\_\_\_\_

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

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

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

Street City State Zip Home Telephone

Father's/Guardian's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Street City State Zip Home Telephone

Place of Employment: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Street City State Zip

Mother's/Guardian's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Street City State Zip Home Telephone

Place of Employment: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Street City State Zip

### GUARDIANSHIP INFORMATION

Who has legal custody of the student?  Both Parents  Father  Mother  Other \_\_\_\_\_

**Legal documentation (i.e., guardianship, injunctions, power of attorney, etc.) must be submitted with this**

Student's previous school: \_\_\_\_\_

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

Street City State Zip

Does the student have a handicap or special need? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Did the student previously attend The Potter's House? \_\_\_\_\_ If yes, what grade(s)? \_\_\_\_\_

Was the student ever home schooled? ( ) Yes ( ) No If yes, what grade(s)? \_\_\_\_\_

Has the student failed any grade? ( ) Yes ( ) No If yes, what grade(s)? \_\_\_\_\_

Please list name(s) and grade(s) of siblings enrolled at The Potter's House. \_\_\_\_\_

How did you hear about our school (Who referred you?) \_\_\_\_\_

### STATEMENT OF CO-OPERATION

In making application for my child, it is my desire to have him/her complete the 2018 – 2019 school year. It is my understanding that the policy of the school is to make no refunds on registration fees. I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability not due to willful misconduct or negligence while my child is at school or during any school activity.

Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

## MEDICAL AUTHORIZATION

I authorize The Potter's House Christian Academy or any of its agents to dispense medicine to my child if needed. This includes Tylenol, Motrin, Tums, Mylanta, Pepto Bismol, Neosporin and other basic over-the-counter medications including the use of alcohol, peroxide, first aide cream, etc.

**I understand that I must leave any medicine that my child must take in the school office and not in my child's possession. I also understand that I must include written, signed instructions on when and how the medication should be administered.** I agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the Academy or any agent thereof because of any injury or alleged injury to my child which results from dispensing of said medicine unless said injury was willful or negligent. Should legal action, for any reason, be taken against The Potter's House Christian Academy or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that The Potter's House Christian Academy or its agent should incur to defend itself against such action.

**ALLERGIES OR SPECIAL MEDICAL CONDITION(S):**

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

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

## EMERGENCY INFORMATION

### Person to contact, if parent/guardian cannot be reached

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

### List the three (3) primary Authorized Pickups other than parents and emergency contact

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

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

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

## THE POTTER'S HOUSE CHRISTIAN ACADEMY CONSENT FOR DISCIPLINE

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

Grade: \_\_\_\_\_

I believe that discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures. I further agree to hold the school and its agents harmless or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against The Potter's House Christian Academy or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that The Potter's House Christian Academy or its agent should incur to defend itself against such action.

**This Consent for Discipline will be in effect for as long as my child attends the Potter's House Christian Academy whether it is in pre-school, kindergarten, elementary, middle school, high school, summer school, or extended care.**

I understand that should my marital status change that it is my responsibility to have an updated Consent for Discipline form signed and turned in to the school office.

**No, do not discipline my child.** By checking this box I/we agree to come to the school to discipline my child when contacted by administrative staff.

Parent's/Guardian's Signature **BOTH PARENTS MUST SIGN**

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Date

*The Potter's House Christian Academy does not discriminate on the basis of race, color, national and ethnic origin in the administration of its admissions policies, educational policies, scholarships, and loan programs, athletic or other school administered program.*