



Jefferson Christian Academy

Address: 3060 FM 728, Jefferson, TX 75657 | Phone: (903) 665-3973 | FAX: (903) 665-5987
Email: jca.info@jeffersonchristianacademy.org | Website: www.jeffersonchristianacademy.org

Fall 2019

Dear Friends,

Jefferson Christian Academy is a small boarding and day school in rural North East Texas. We have been in continuous operation since 1914. JCA is a small school with a family atmosphere.

Enclosed are application papers and information on Jefferson Christian Academy. We have a lot of exciting things happening here at JCA and are eager to share that with you. Please contact the faculty listed below for more information:

- Lyne Ho, Principal: lyne.ho@jeffersonchristianacademy.org
- Robin Tullock, Vice Principal/Registrar: robin.tullock@jeffersonchristianacademy.org
- Tari Jenkins, Business Manager: finance@jeffersonchristianacademy.org

Some of our current programs are:

- Medical Missionary
- Assist
- Agriculture
- Choir
- Brass Band
- Hand Bells
- Community Service

Please ask about our work program and other ways to help families pay for their student(s) education. Note: New students receive a \$2,000 scholarship.

Thank you for your interest in JCA.

In His Service,

Robin Tullock
Vice Principal/Registrar



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2019-2020 APPLICATION FOR ADMISSION

Submitting an application to Jefferson Christian Academy does not ensure that you will be accepted for admissions. Your completed application will be evaluated by the Admissions Committee on content and neatness. Incomplete applications will not be approved. **Please print all information in ink.**

Section 1 – Student Information

Last Name	First Name	Middle Name	Sex
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Address	City	State	Zip
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Home Phone	Student Cell Phone	Student Email
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Social Security #	Date of Birth (MM/DD/YYYY)	Citizenship	Country of Birth
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Home Church Name	Pastor's Name	T-shirt Size
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Entering Grade:	9th	10th	11th	12th	ESL	Residence:	Dormitory	Village
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Are either one of your parents an employee of the SDA Conference: ____ Yes ____ No Have you been baptized _____

List any previous schools you have attended, starting with 8th grade:

School Name	Address
-------------	---------

School Name	Address
-------------	---------

School Name	Address
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Student Commitment:

If accepted, I hereby agree to abide by the policies and standards of Jefferson Christian Academy. I agree to take responsibility for my school fees and to do my best at the job(s) assigned to me. I will cooperate in upholding the standards of Jefferson Christian Academy as stated in the school handbook or as instructed verbally by faculty and staff.

Student Signature	Date
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Section 2 – Guardianship Information

Parent/Guardian 1:

Last Name	First Name	Middle Name	Relation
Address		City	State
Home Phone #		Cell Phone #	Email
Work Phone #		Occupation	Employer

☐ Student lives with

Parent/Guardian 2:

Last Name	First Name	Middle Name	Relation
Address		City	State
Home Phone #		Cell Phone #	Email
Work Phone #		Occupation	Employer

☐ Student lives with

Check all that apply: ☐ Mother is deceased ☐ Father is deceased ☐ Parents are separated ☐ Parents are divorced

Does the family have an unpaid school bill at another school? ☐ Yes ☐ No

If yes, how much? Please explain:

Parent Commitment:

I agree to the regulations and policies of Jefferson Christian Academy as stated in the school handbook. I give permission for my student to participate in any extra-curricular activities unless specified and submitted in writing to the administration. I give permission for my student to be photographed and/or videotaped throughout the school year for instructional, promotional, or entertainment purposes, including but not limited to the school website and yearbook. I have carefully considered the financial information in the current JCA handbook and agree to assume full financial responsibility for this applicant. I understand that if the student's account is not kept current, the student may not be allowed to continue his/her studies. I understand that the student's account with JCA shall be paid in full before a diploma or transcript can be issued. My signature indicates my support of the school's guidelines and programs.

Parent/Guardian Signature	Date
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Student Name

MEDICAL INFORMATION

Student Information:

Last Name	First Name	Middle Name	Sex
<hr/>			
Social Security #	Date of Birth (MM/DD/YYYY)	Insurance Provider	

Parent Information:

Parent/Guardian 1:

Last Name	First Name	Middle Name	Relation
<hr/>			
Mailing Address	City	State	Zip
<hr/>			
Home Phone	Cell Phone	Work Phone	

Parent/Guardian 2:

Last Name	First Name	Middle Name	Relation
<hr/>			
Mailing Address	City	State	Zip
<hr/>			
Home Phone	Cell Phone	Work Phone	

Consent to Treatment:

As the guardian of the minor specified above, I recognize that instances can arise when medical attention may be necessary while my child is a student under the care of Jefferson Christian Academy. I hereby consent to any medical or surgical diagnosis or treatment, x-ray examination, anesthetic, and hospital service that may be required for my student. I understand that this consent is given in advance of any specific diagnosis or treatment which might arise. I authorize representatives of Jefferson Christian Academy or licensed physicians to exercise their best judgment as to the requirements of such diagnosis or treatment and for the Physicians to discuss my student's medical information with the representative of Jefferson Christian Academy who accompanies my student. I authorize any hospital, physician, or any other person who has attended to or examined my student to furnish any appropriate insurance company or its representative with any and all information in regard to illness, medical history, consultation, prescription, or treatment of my student, as well as copies of all hospital or medical records. This consent shall remain in continuous effect until revoked in writing. A photocopy of this authorization shall be considered as effective and valid as the original. I will assume all financial responsibility for any medical treatment of my student that is not covered by the insurance policy of Jefferson Christina Academy.

Parent/Guardian Signature

Date

Emergency Contacts:

If we are unable to make contact with you in an emergency, who may we contact (in the order listed below) to make decisions regarding your child?

Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship

Preferred Treatment:

Family Physician	Phone Number	Hospital
Emergency Physician	Phone Number	Hospital
Dentist	Phone Number	Practice

Medical Information:

Has your student ever experienced any serious allergies, injuries, illness, surgery, or disability? ____Yes ____No

If yes, please explain:

List any allergies your student has, including medications or antibiotics: _____

List any prescriptions that your student will have at Jefferson Christian Academy: _____

List any over-the-counter medications your student is allowed to receive: _____

Initial Please do not give any medications without my consent.

A copy of the student's immunization form MUST be filed with Jefferson Christian Academy.

Initial I understand that if my student's immunizations are not up to date within 30 days of registering my student may be sent home until either the immunizations are updated or I will file an immunization waiver with the Texas Department of Health.

INSURANCE:

Initial A photocopy of my student's insurance card is attached to this form OR check the statement below:

Initial My student does not have any kind of insurance coverage.

Parent/Guardian Signature: _____

Date: _____



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Student Name

Student Cell Number

CONTACT FORM

Mother/Guardian's Name: _____

Cell Number: _____ Home Phone: _____ Work Phone: _____

Internet Access: _____ Yes _____ No Email Address: _____

Do you prefer information mailed USPS or emailed? _____

Father/Guardian's Name: _____

Cell Number: _____ Home Phone: _____ Work Phone: _____

Internet Access: _____ Yes _____ No Email Address: _____

Do you prefer information mailed USPS or emailed? _____

Allergies (Food and/or Seasonal): _____

Allergies to Medication: _____

Medical Conditions: (such as: wears glasses, ADHD, has seizures, etc.) _____

Any Prescription Medication that the student takes: _____

The Section Below is for International Students ONLY

US Sponsor: _____

Cell Number: _____

Home Phone: _____

Work Phone: _____

Mailing Address: _____

Internet Access: _____ Yes _____ No Email Address: _____

JCA TECHNOLOGICAL RESOURCES ACCEPTABLE USE POLICY 2019 – 2020

The school's information technology resources and Internet access are provided for educational purposes. Adherence to the following policy is necessary for continued access to the school's technological resources. Students must:

1. Respect and protect the privacy and well-being of yourself and others

- a. Communicate only in ways that are kind and respectful, and report any threatening or discomforting materials to a teacher or staff person.
- b. Not share private or inappropriate information about yourself or anyone else on any kind of social networking site.
- c. Not use Personals or Dating web sites or solicit inappropriate relationships using email or the internet.
- d. Not intentionally access, transmit, copy, or create material that violates the school's code of conduct such as messages that are pornographic, demonic, threatening, rude, discriminatory, or meant to harass.
- e. Not intentionally access, transmit, copy, or create material that is illegal such as obscenity, threatening, stolen materials, or illegal copies of copyrighted works. Such as but not limited to movies, music, gaming, etc.
- f. Not send spam, chain letters, or other types of mass mailings.
- g. Never transmit the school's student rosters, directories, or personal information lists of any kind.

2. Respect and protect the integrity, availability, and security of all electronic resources

- a. Use only network accounts and resources that have been assigned specifically to you by the network administrator.
- b. Conserve, protect, and share these resources with other students and Internet users
- c. Not view, use, or copy passwords, login names, data, or networks to which they are not authorized.
- d. Observe all network security practices.
- e. Not attempt to bypass network filtering, monitoring or security.
- f. Report security risks or violations to a teacher, staff member, or to the network administrator.

3. Respect the educational nature of our network and the intellectual property of others

- a. Not infringe copyrights, no making illegal copies of pictures, music, games, or movies.
- b. Always fully credit the appropriate use of another person's creative resources, such as images, music and video.
- c. Not plagiarize.
- d. Not buy, sell, advertise, or otherwise conduct business, unless approved as a school project.
 - To protect the network and internet availability and speed which supports access to educational resources, **NO MOVIE OR MUSIC STREAMING, GAMING OR DOWNLOADS ARE PERMITTED.**

4. Avoid practices that use more than your share of the network resources

- a. Not making a habit of downloading or streaming software, music, or videos.
- b. Not using network resources for recreational use such as listening to radio stations or streaming music, or watching music and sports videos.
- c. Not use any computer lab in the Administration Building or Dormitories for recreational media listening or viewing purposes, or to play computer games.
- d. Not install any software on any campus computer for any reason except with express permission of the network administrator.

5. All students bring their own computers for use in the dorm:

- a. Must identify their computer on the network with the IT Director.
- b. Must keep their operating system and anti-virus software updated and legal. Microsoft Security Essentials is a recommended virus and spyware protection package that is available free from Microsoft.com.
- c. Wireless connections are allowed only to the school's wireless network. Students should not bring or operate their own personal wired or wireless routers. Students may, if in accord with the policy above, use our campus network and technology resources for any educational purpose.

6. Headphones/Earbuds

- a. In an effort to promote good social behavior and healthy interactions between students, JCA does not allow headphones or earbuds, etc. on our campus.

7. Network Tampering

- a. Students are not to tamper with or alter any of JCA's network/computer hardware, wiring, etc. unless asked to help by an administration.

Consequences for Violations – Violations of these rules may result in disciplinary action, including the loss of a student's privileges to use the school's information technology resources, connect to the school's network or have a computer in their room. **It is best to remember that just because you can do something on a computer doesn't mean that you should do it.**

Supervision and Monitoring – School and network administrators and their authorized employees monitor the use of information technology resources to help ensure that users are secure and in conformity with this policy.

Administrators reserve the right to examine, use, and disclose any data found on the school's information networks in order to further the health, safety, discipline, or security of any student or other person, or to protect property. They may also use this information in disciplinary actions, and will furnish evidence of crime to law enforcement.

Notice Regarding Facebook.com, Snapchat, Instagram, and Other Personals and Dating Websites

Definition of Site and Relevant Policies. – Facebook.com is a "Personals and Dating" web site. Along with other sites of its kind, Facebook.com is not allowed on campus computers, and students are blocked from accessing Facebook.com and other various sites. Furthermore, JCA does not allow anyone to publish texts, images, or any other information about Jefferson Christian Academy and its students, faculty, or staff without the permission of the school's administration and the technology coordinator. Regardless of where a student accesses the Internet--at home, at school, or in any other place--the student is in violation of the school's policy if the student violates this prohibition.

Consequences of Violations – The school cannot block every inappropriate web site, but it aggressively monitors student access to the Internet. The school keeps a record of all Internet use. A student who visits "Personals and Dating" sites or any other forbidden sites is in violation of the school's values and computer access of students who visit such sites will be disabled for a time appropriate to the offense. Further, the school will not tolerate the use of the Internet off-campus to relate information about the school and its students, faculty, or staff.

Conclusion – Basing its policies on the recommendations of the NAD Technology and Distance Education Committee encourages students to use the Internet for academic purposes. The school further encourages students to act responsibly in their inevitable encounters with inappropriate web sites and e-mails. We wish to foster behavior that promotes responsible, mature Internet use, but we will not tolerate violations of our policies or of common decency. The purpose of this notification is to explain the school's philosophy and particular rules and consequences, and to encourage parents to contribute to the student's healthy use of the Internet.

I HAVE *READ* EACH OF THE ABOVE ITEMS AND ACKNOWLEDGE AND UNDERSTAND MY OBLIGATIONS:

Student _____ Date _____

Parent/Guardian _____ Date _____



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Student Name

ATTENDANCE CONTRACT

Jefferson Christian Academy is committed to providing quality Christian Education to our students. We expect all students to be in their classes and on time. In harmony with Texas state law and the Jefferson Christian Academy policies, students will not be allowed to accumulate multiple tardies and/or absences to classes.

A student is only allowed to miss up to 5 classes unexcused per semester. Missing more than 5 can result in automatic failure of a class. Picking students up early for home leaves, returning late or taking a day shopping are not excused. The only valid excuses from classes are illness or death in the family. Note 3 unexcused tardies is equal to 1 unexcused absence.

Correct Procedure for Absence of Any Kind

Dorm: In case of illness, students must talk with the Dean or the Assistant Dean before any appointments, classes, or work periods are missed. This is usually by 7:00 a.m. If a student becomes ill during the day, the student must speak to their supervisor or teacher immediately. If sent to the dorm, the student must find and inform the Dean or Assistant Dean immediately. The student will be placed on sick list and may not leave his/her room for the entire day. Meals will be brought to the student.

Village: Parents/Guardians are asked to call the office before any class or work appointments are missed. A voice mail message may be left indicating the student's absence and the reason.

Upon Returning to School & Work

All students are required to go to the Administrative Assistant's office to obtain an excuse slip. For village students, if a parent has not called, a note from the parent must be supplied. After receiving the excuse slip, the student must have each teacher initial the slip. Unexcused absences will not be given an excuse slip. All students have 48 hours to return the excuse slip before they are counted as unexcused. Repeated tardies to classes will be dealt with on an individual basis by the Academic Standards Committee. Parents will be contacted about repeat violations.

Note: Work absences are treated in the same manner. Students must contact work supervisors before missing work.

Parent's Contract:

I have read and understand the above attendance policy. I agree to uphold and abide by the policy and guidelines as set forth by Jefferson Christian Academy. I understand that this policy is mandated by the State of Texas and must be enforced. I understand that if my student fails to uphold this policy he/she may be disciplined or may fail the class due to attendance.

Parent/Guardian Signature: _____

Date: _____

Student's Contract:

As a student of Jefferson Christian Academy I have read and agree to abide by the above attendance policy. I understand that this policy is mandated by the State of Texas and must be enforced. I will do my best to uphold this policy and understand that failure to do so may result in my suspension from and/or failure of classes.

Student's Signature: _____

Date: _____



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Student Name

DRESS CODE CONTRACT

Parent's Contract:

I have read the Jefferson Christian Academy guidelines for dress and appearance. As a parent, I will support Jefferson Christian Academy in their guidelines and will expect my student to abide by the guidelines while on the Jefferson Christian Academy campus or a school sponsored outing. I understand that if my student violates the dress code more than three times during the school year they may be sent home (at the parents' expense) for suspension as deemed necessary by the Administrative Council. I also understand that if my student violates these guidelines, the item of clothing in question may be mailed home at the expense of the parent/guardian.

Parent/Guardian Signature

Date

Student's Contract:

I have read and understand the Jefferson Christian Academy guidelines for dress and appearance. As a student, I will support Jefferson Christian Academy in their dress guidelines and will abide by the guidelines any time I am on the Jefferson Christian Academy campus or a school sponsored outing. I understand that if I violate the dress code more than three times during the school year I may be sent home (at my parents' expense) for suspension as deemed necessary by the Administration Council. I also understand that each and every time I violate the guidelines, my parent/guardian will be contacted for discussion and that the item of clothing in question may be mailed home at the expense of my parent/guardian.

Student Signature

Date



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ACTIVITIES PERMISSION

As the parent/guardian of _____ (student), I understand that JCA participates in many activities both on and off the school campus.

I hereby give my student permission to ride with all the JCA faculty, both in school vehicles and in their personal vehicles as approved by the Administration of JCA. I also agree that my student is allowed to participate in all activities or school trips, both in and outside of the state of Texas, with the exception of those listed and initialed below:

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

PHOTOGRAPHY WAIVER

As the parent/guardian of _____ (student), I agree to allow JCA to use my student's photograph in the yearbook and for school advertising purposes, such as, but not limited to: website, Facebook group, brochures about the school, newsletters, and yearbook.

Please check one:

- _____ Yes, I agree to the above. I agree to allow my student's photograph to be in the JCA yearbook, and I understand it may be used on the website or brochures, etc.
- _____ No, I do not agree. Do not put my student's photograph in the yearbook or on the website or use it in any way.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian



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IMMUNIZATIONS REQUIRED BY THE STATE OF TEXAS

The following are required to enroll in our school. If a series is not completed, JCA can take them to our local Health Department to finish the series. If the student is 17 years of age and under and does not have medical insurance they may receive these at \$10 each. If they are 18 years old and no insurance the fee is substantial.

DTP/DT/TD, etc.	<ol style="list-style-type: none">1. At least 3 doses2. One must be on or after the 4th birthday.3. One must be within 10 years
OPV/IPV (POLIO)	<ol style="list-style-type: none">1. At least 3 doses2. One must be on or after the 4th birthday.
MEASLES/MUMPS/ RUBELLA/MMR	<ol style="list-style-type: none">1. One must be on or after the 1st birthday.2. At least 2 doses3. One can be just for measles (but one must be MMR or one of each Measles, Mumps, Rubella)
HEP B	3 Doses
HEP A	2 Doses
VARICELLA	<ol style="list-style-type: none">1. One must be on or after the 1st birthday.2. Or 2 doses if the first one was after 12 years of age.
MENINGITIS/MCV4	1 dose

If you need to apply for a religious exemption, please contact me by email for instructions at robin.tullock@jeffersonchristianacademy.org.

Sincerely,

Robin Harrell Tullock
Vice Principal/Registrar



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Student Name

Student Cell Number

DEAN'S INFORMATION FORM

Mother/Guardian's Name: _____

Cell Number: _____ Home Phone: _____ Work Phone: _____

Internet Access: _____ Yes _____ No Email Address: _____

Father/Guardian's Name: _____

Cell Number: _____ Home Phone: _____ Work Phone: _____

Internet Access: _____ Yes _____ No Email Address: _____

Student Lives with _____ **Both Parents** _____ **Mother** _____ **Father** _____ **Other:** _____

If not both parents:

Who has Legal Custody of Student? _____

Does either parent have no rights to the student and cannot check them out of the dorm?

List up to five people (and their cell phone number) that can check your student out of the dorm without a phone call to you:

Medical Conditions: (such as: wears glasses, ADHD, has seizures, etc.)

Any Prescription Medication that the student takes:

ALL Medications must be turned in to dean for dorm students and front office for village students. Faculty will confiscate all other medications. They will be kept in a "lock box" and must be checked out with the Dean or Office.



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SCHOOL SUPPLY LIST

Required Items for all Students

- *Four Reams of white
- *Four sheets of white poster board
- *Four boxes of facial tissue (kleenex, etc.)
- Scientific Calculator (Required - cannot use cell phone)
- Protractor/Compass/Ruler
- Bible
- USB Flash Drive
- Laptop Computer
- *Turn in to Business Office

Helpful Items to Have

- Art & Office supplies
(Markers, colored pencils, scissors, stapler, tape, etc.)
- Dictionary/Thesaurus/Speller
- Musical Instrument (if you play one)

DRESS CODE FOR CLASSES

Our dress code for the classroom is black pants with a JCA polo shirt (purchased in our Business Office). Outside of classes we ask that all students wear modest apparel. For the complete dress code, please see our JCA Student Handbook.



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CHECK LIST FOR NEW STUDENTS

Documents/Forms Needed	
<input checked="" type="checkbox"/>	<p>Some of these forms are on the back side of the page. Please complete all blanks. If it does not apply, please write N/A. Complete all forms in blue or black ink.</p>
Application Forms	
<input type="checkbox"/>	Application
<input type="checkbox"/>	Medical Information
<input type="checkbox"/>	Contact Form
<input type="checkbox"/>	Technology Policy
<input type="checkbox"/>	Attendance Contract
<input type="checkbox"/>	Dress Code Contract
<input type="checkbox"/>	Activities Permission/Photography Waiver
Documents	
<input type="checkbox"/>	Copy of Complete Immunization Record or a waiver form: • https://corequest.dshs.texas.gov/
<input type="checkbox"/>	Copy of Birth Certificate or Passport
<input type="checkbox"/>	Copy of Social Security Card
Miscellaneous	
<input type="checkbox"/>	Contact the previous school and have transcript/grades and other records sent to US.
Financial	
<input type="checkbox"/>	Financial Aid Application (if applicable) • Copy of previous Income Tax Report
<input type="checkbox"/>	Completed Financial Policy