

STUDENT REGISTRATION FORM

a: 1714 SE 36th Ave, Ocala, FL 34471 p: 352.694.4178 f: 352.694.7192

w: ocacrusaders.com

	For Office	Use Only		
Date	Scholarship		Book Fee	
Grade				
Entrance Date	Testing Fee			
Teacher			Total Paid	
	GENERAL IN	FORMATION		
Legal Name of Child			Goes by	
Last	First	Middle	,	
Address_			Zip Code	
Street	City		State	
Student Email		St	udent Cell	
Home Phone	Father Cell		Mother Cell	
Parent's Email		7	Would you prefer e-mailstatements	s? Yes No
AgeDate of Birth		Grade	Last Grade Attended	
Month/Da Name and Grades of OCA Siblings	•			
Father/Stepfather/Guardian Name_			Work Pho	vn o
Tradici/Stephanici/Guardian Ivanic			WOIK FIIC	JIIE
Place of Employment		_Occupation_		
Address of Employment	City	7	Zip Code	
Mother/Stepmother/Guardian Name_	,			n o
-				
Place of Employment			Occupation	
Address of Employment	City	V	Zip Code	
If parents are divorced/separated, with	·			
ir parents are divorced, separated, with		All legal documents defining	custody and visitation must be on file with the O	CA office.)
Church of Affiliation	Add1	cess	City	State
Persons other than parents who are per	mikkod ko mish um okudomk und /		- 4	State
Name		Street	City	State
Relationship	Phor	ne		
Name	Addı	ress Street	City	State
Relationship	Phor		City	state

MEDICAL INFORMATION

Preferred Doctor	Address	Phone	
Preferred Dentist	Address	_Phone	
Preferred Hospital	Insurance Car	ier	
Policy number			
May the school call another physician if una	ible to contact above?	YesNo	
Any Physical Disability or Medical Condition? Y	esNoDescr	ibe	
	EXTENDED CAR	E INFORMATION	
Will the student be using any Early/Extended C	Care services? Yes	No	
My Student will be participating in the following	g Early/Extended Car	e services:	
Early Arrival for Pre-K - 12 th grades (7:0	00 - 8:00 A.M.)		
Late Afternoon Extended Care for Pre-	K - 5 th grades (3:20 - 5	5:30 P.M.)	
Extended Study Hall for 6 th - 12 th grades	s (3:20 - 5:30 P.M.)		
Additional Information that would be helpful to	the teacher/staff:		
Parents, please read and sign below.			
discipline of my child. I also understand that the be fundamentally Baptist in nature and in accornecessary. In case of a medical emergency, me Several educational field trips will be planned to participate in these field trips and will not hold school and school activities may be published payment of tuition, fees, etc. are due monthly	e Bible is taught in the ordance with Central by student may receive throughout the year of the school responsibility in print or digital min advance and herelorth in the current St.	taffed with qualified teachers and has full discretion in the class is school daily, and that Bible doctrines, philosophy, and standard Baptist Church. Office personnel may treat minor medical needs appropriate medical attention by our staff until paramedics a with proper supervision. I hereby give my permission for my chole in case of accident or injuries. Photography including your chole in case of accident or injuries. Photography including your chole in case of accident or injuries. Photography including your chole in case of accident or injuries. I agree to see that my agree to keep current in all payments. I agree to see that my adent Handbook. I have read the current Financial Guide. I hereby curate to the best of my knowledge.	ds will eds as arrive. mild to mild at hat all
Signature of Father/Stepfather/Guardian	Date	Signature of Mother/Stepmother/Guardian	Date
Students in grades 6 th - 12 th read and sign be	low.		
		standards and requirements as set forth. I realize that attending and that if I fail to abide by the standards and requirements that I	may
Signature of Student	Date		