



## New Student Admissions Packet

*Please read this packet in its entirety before submitting your application forms.*

Thank you for your interest in Oak Grove Christian Academy! We are glad you appreciate the difference a Christ-centered education makes in the lives of students. At OGCA, you will find caring and nurturing teachers committed to equipping students not just for advanced education, but also for a lifetime of learning and serving God.

The Mission of Oak Grove Christian Academy is to Glorify God through the training and nurturing of students in their Spiritual, Academic, Physical, Emotional, and Social Development. This is achieved through a Christ-centered education based on Biblical truth, which leads to the formation of the Character of God within the life of the student. We equip servant leaders to impact their world and all eternity for Jesus Christ.

It is a policy of Oak Grove Christian Academy not to discriminate on the basis of race, color, religion, sex, national origin, age or disability in administration of its educational programs, employment policies, educational policies, admissions policies, financial aid, and athletic and other school-administered programs, as required by the Indiana Civil Rights Act (IC.22-9-1), IC 20-8-1-2, Titles VI and VII of the Civil Rights Act of 1964. Oak Grove Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students.

Our **Level 2 (second grade) through High School** program is a full-day academic program, primarily utilizing the Accelerated Christian Education (ACE) curriculum/model. This is an individualized, self-paced program, tailoring to the academic performance level/needs of each student.

Our **K5 (kindergarten) through Level 1 (first grade)** is a full-day phonics-based, reading-readiness training program, preparing the student for independent learning, also utilizing the Accelerated Christian Education (ACE) curriculum/model. They will enter individualized curriculum by the end of Level 1.

Our **K4 (pre-kindergarten)** level is a half-day program for four-year-olds, focusing on beginner academics and classroom/social skills.

Our **K3 (preschool)** program is for three-year-olds, introducing students to the classroom, letters & sounds, counting skills and social situations. It meets three hours per day, with options for two or three days per week.

*"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9*

## The Admissions Process

**All new student applications must be accompanied by the following:**

- ☐ Signed Financial Contract
- ☐ Medical / Photo Release Form
- ☐ Copy of student's birth certificate
- ☐ Copy of student's social security card (or residency permit in the case of foreign residents)
- ☐ Updated immunization record signed by the doctor's office OR a notarized religious exemption form
- ☐ Signed Transcript Request if transferring from another school
- ☐ Copy of any IEPs or other professional reports (e.g. child studies, speech therapy evaluations, academic assessments, etc.) if readily available
- ☐ Nonrefundable Application Fee of \$100
- ☐ After School Extended Care Registration if applicable

**Receipt of an application or the admissions packet in its entirety does not imply or guarantee acceptance into Oak Grove Christian Academy.** All admissions decisions made by the Administration team are final and will be communicated to you as soon as possible.

The fully completed and physically signed (no stamps or electronic signatures, please) admissions packet with the nonrefundable application fee must be submitted to the office before the prospective student will be considered for admission. We will notify you if your application packet is missing any documents or the accompanying fee, but we will not make any admissions decisions prior to all elements being received.

All prospective students are required to undergo diagnostic academic testing (school readiness tests, academic placement tests, etc.) on OGCA's campus. The school will contact you for scheduling. **Please note that completion of these tests do not imply acceptance.**

OGCA Administration may, at their discretion, request that the prospective student and parents/guardians schedule an interview before an admissions decision is made.

If your student is accepted into OGCA, the nonrefundable student fee is due at that time to guarantee the student's place in the classroom. Any delinquent payment of the student fee may result in late fees or a change in admission status.

Due to limited space in our facilities and high interest from the community, OGCA very quickly fills to capacity. In this instance, your student may be placed on a waitlist. **The waitlist does not imply provisional or official acceptance.** Your student's application will be considered when/if a spot opens up; all waitlisted applications will be considered in order of receipt. If we are running a waitlist, you will be notified of this at the time of inquiry/application. **We do not run waitlists longer than the current school year.** Please note that in the event of a waitlist, the application fee is still required to complete your admissions packet, but the Student Fee will not be requested until official acceptance.

*"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9*

## OGCA 2024-2025 Financial Policies

### New Student Fees:

Application Fee                      \$100 K3-12th Grade per student (new applicants only)

### Annual Fees:

Student Fee                              \$300 K4-12th Grade per student, or \$600 max per family  
\$200 K3

Tuition                                    \$5,000 K5-12th Grade  
\$2,700 K4  
\$1,215 K3 2-day program; \$1,800 K3 3-day program

Please note: These rates are only for the 2023-2024 school year and in no way guarantee any other future years. Tuition rates for the following school year will be determined by school administration prior to that year's re-enrollment and admission dates.

Application Fees are due upon original application to OGCA. Enrollment will not be confirmed without it. This is a one-time nonrefundable fee, waived for all returning students.

Student Fees for *returning students* are due by the re-enrollment deadline announced by the administration. Your place in the classroom for the following school year will not be confirmed without the annual nonrefundable student fee.

Student Fees for *new students* are due upon acceptance into OGCA. Your place in the classroom is not guaranteed without the nonrefundable student fee.

### Payment Plans:

*9 Month Payment Plans* are from August-May. All payments are due by the first of each month. In the event that the first of the month falls on a Saturday, Sunday or holiday, the payment will be due the following business day. **In February of each school year, payments will be allotted toward annual re-enrollment fees instead of tuition. Normal tuition payments will resume in March.**

*Semester Payment Plans* are due by the first day of school and the first day of the second semester (August & January - specific dates are listed on our school calendar).

*Annual Payment Plans* are due in full by the first day of school (August).

### Tuition Plans & Payments

Grade Level		Annual Tuition Rate	9 Monthly Payments (Aug.-May)	2 Semester Payments (Aug. & Jan.)	1 Annual Payment (August)
<b>K3 two days</b>	Tues., Thurs.	\$1,215	\$135	\$595	\$1,155
<b>K3 three days</b>	Tues., Wed., Thurs.	\$1,800	\$200	\$882	\$1,710
<b>K4</b>		\$2,700	\$300	\$1,323	\$2,565
<b>Grades K5-12</b>	1st Child	\$5,000	\$555	\$2,450	\$4,750
	2nd Child	\$4,500	\$500	\$2,205	\$4,275
	Each Additional Child	\$4,050	\$450	\$1,985	\$3,848

*"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9*

## Other Fees, Discounts & Policies:

**Annual Plan Discount** — The figures of the annual payment plan reflect a 5% discount per student if paid in full by the first day of school.

**Semester Plan Discount** — The figures of the semester payment plan reflect a 2% discount per student if paid at the start of each semester.

**Multi-child Family Discount** — *Grades K5-12 only.* A reduced tuition rate is reflected for the second and third siblings of the same immediate family (residing in the same household with shared parents/guardians). Fourth siblings and upward will have the same tuition rate as the third. Multi-child rates may be combined with annual or semester plan rates.

**Late Payment Fee** — Payments not received by the 10th of the month will incur a 10% fee. In the event a payment is late for more than one month, the student may not be permitted to continue attending classes or working in PACEs until accounts are up-to-date. Any account with payments more than six weeks delinquent may be dismissed or refused future re-enrollment. Accounts that are habitually late in payments may be required to pay further ahead in their tuition plan.

**Returned Check Fee** — Any returned check will incur a \$25 fee and may be relegated to a cash-only account.

**Repeat PACE Fee** — *Grades 1-12 only.* The cost of PACEs is included with tuition. However, if a student scores below an 80% on their PACE test causing them to repeat that PACE, a fee of \$10/PACE will be applied to the account. This is to offset the cost incurred for additional PACEs and shipping charges.

**Extra-curricular Clubs and Athletics** — Each club or sport may have its own associated fee. These are not included in tuition or student fees. Participation will require agreement to the fees given for each individual club or team. Failure to pay will result in the student not being permitted to participate.

**After School Extended Care** — OGCA offers extended care from 3:10-5:00pm. Only students registered for the extended care may attend. All families will sign a separate fee contract for extended care. Failure to abide by the policies provided upon registration may result in the student being dismissed from extended care, as well as any delinquent payment amounts being added to the student's tuition account. If left unpaid, it may have ramifications on the student's admission status at OGCA.

**Field Trips and Special Activities** — Any field trip, school trip, or special activity that arises may incur its own fee. These are not included in tuition or student fees. Participation will require agreement to the fees given for each trip or activity. Failure to pay will result in the student not being permitted to participate.

**Forgotten Lunch Fees** — In the event a student forgets to bring their own packed lunch, the OGCA staff will provide an adequate lunch for them. If this becomes a pattern throughout the school year, the student's account will reflect additional fees to cover the cost of these lunches.

All families will sign a yearly financial contract with their selected payment plan upon admission or re-enrollment, agreeing to abide by the tuition, fees and financial policies of Oak Grove Christian Academy. That contract will be considered a legal and binding document. Failure to comply may result in dismissal from OGCA.

*"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9*



# OAK GROVE

CHRISTIAN ACADEMY

8096 Leedstown Rd., Colonial Beach, VA 22443  
804-224-9842 oakgrovechristian.com

Applying for School Year: \_\_\_\_\_

## New Student Application for Admission

### STUDENT INFORMATION

LEGAL LAST NAME LEGAL FIRST NAME LEGAL MIDDLE NAME SUFFIX

PREFERRED FIRST NAME BIRTHDATE (MM/DD/YYYY)

Gender: ☐ Male ☐ Female

Is child a U. S. citizen? ☐ Yes ☐ No If "No," child is a citizen of what country? \_\_\_\_\_

GRADE LEVEL APPLYING FOR CURRENT SCHOOL AND GRADE LEVEL (IF APPLICABLE)

GRADE LEVELS COMPLETED AT CURRENT SCHOOL

### Student's Primary Address

STREET ADDRESS

CITY STATE ZIP COUNTY

STUDENT RESIDES WITH (E.G. PARENTS & SIBLINGS, GRANDPARENTS, LEGAL GUARDIANS, ETC.)

Does your child have a court restriction regarding parent/guardian contact and/or custody orders?

☐ Yes ☐ No

If so, a copy of court documents must be included in your application packet. A student and/or their educational records will be released to legal parent/guardian unless a court order specifically prohibits contact or release with parent/guardian. Parent/guardian is responsible for providing current copies of all court orders.

**I have read and understand the above statement regarding court orders.**

ENROLLING PARENT INITIAL DATE

*"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9*

ENROLLING PARENT/GUARDIAN — The enrolling parent/guardian should be the primary custodial guardian of the student & will be used as the primary emergency contact unless otherwise specified.

Relationship

☐ Father

☐ Mother

☐ Stepfather

☐ Stepmother

☐ Legal Guardian

☐

OTHER - Please Specify

LEGAL LAST NAME

LEGAL FIRST NAME

LEGAL MIDDLE NAME

SUFFIX

ADDRESS (If different than student)

CITY

STATE

ZIP

PREFERRED NAME

PRIMARY PHONE

EMAIL ADDRESS

OCCUPATION

EMPLOYER

WORK HOURS

WORK PHONE

EMPLOYER'S ADDRESS

CITY

STATE

ZIP

OTHER PARENT/GUARDIAN

Resides with?

☐ Yes

☐ No

Use as Emergency Contact?

☐ Yes

☐ No

Relationship

☐ Father

☐ Mother

☐ Stepfather

☐ Stepmother

☐ Legal Guardian

☐

OTHER - Please Specify

LEGAL LAST NAME

LEGAL FIRST NAME

LEGAL MIDDLE NAME

SUFFIX

ADDRESS (If different than student)

CITY

STATE

ZIP

PREFERRED NAME

PRIMARY PHONE

EMAIL ADDRESS

OCCUPATION

EMPLOYER

WORK HOURS

WORK PHONE

EMPLOYER'S ADDRESS

CITY

STATE

ZIP

“Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go.” Joshua 1:9

PLEASE LIST ANY OTHER CUSTODIAL PARENTS/GUARDIANS (e.g. step-parents, etc.):

Resides with?

☐ Yes

☐ No

Use as Emergency Contact?

☐ Yes

☐ No

Relationship

☐ Father

☐ Mother

☐ Stepfather

☐ Stepmother

☐ Legal Guardian

☐

OTHER - Please Specify

LEGAL LAST NAME

LEGAL FIRST NAME

LEGAL MIDDLE NAME

SUFFIX

ADDRESS (If different than student)

CITY

STATE

ZIP

PREFERRED NAME

PRIMARY PHONE

EMAIL ADDRESS

OCCUPATION

EMPLOYER

WORK HOURS

WORK PHONE

EMPLOYER'S ADDRESS

CITY

STATE

ZIP

Resides with?

☐ Yes

☐ No

Use as Emergency Contact?

☐ Yes

☐ No

Relationship

☐ Father

☐ Mother

☐ Stepfather

☐ Stepmother

☐ Legal Guardian

☐

OTHER - Please Specify

LEGAL LAST NAME

LEGAL FIRST NAME

LEGAL MIDDLE NAME

SUFFIX

ADDRESS (If different than student)

CITY

STATE

ZIP

PREFERRED NAME

PRIMARY PHONE

EMAIL ADDRESS

OCCUPATION

EMPLOYER

WORK HOURS

WORK PHONE

EMPLOYER'S ADDRESS

CITY

STATE

ZIP

“Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go.” Joshua 1:9

ACADEMIC HISTORY — Please list all previous schools, preschool through present. Use additional paper if needed.

SCHOOL NAME	CITY & STATE	YEARS ATTENDED	GRADES COMPLETED
SCHOOL NAME	CITY & STATE	YEARS ATTENDED	GRADES COMPLETED
SCHOOL NAME	CITY & STATE	YEARS ATTENDED	GRADES COMPLETED

Has this student ever been expelled, dismissed, suspended (in or out of school), or refused admission to another school? Does this student have a juvenile or arrest record? If yes to any, please explain. Attach more paper if needed.

Has this student ever had disciplinary difficulties at school (e.g. multiple office referrals, detentions, academic dishonesty, repeated offenses, etc.)? If yes, please explain. Attach more paper if needed.

Has this student ever had social difficulties at school (e.g. fighting, bullying or being bullied, etc.)? If yes, please explain. Attach more paper if needed.

Has this student ever had academic or neurobehavioral difficulties; repeated a grade; been tested for or diagnosed with any learning disorders/difficulties? If yes, please explain, specifying in what subjects/areas the student may need extra assistance. Attach more paper if needed, as well as any reports that would help OGCA meet your student’s needs.



## STUDENT'S FAITH HISTORY

Does the student regularly attend church? ☐ Yes ☐ No How often? \_\_\_\_\_

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CHURCH NAME

CITY

PASTOR'S NAME

Does the student profess to have a personal relationship with Jesus Christ? ☐ Yes ☐ No

Do the parents/guardians regularly attend church? ☐ Yes ☐ No How often? \_\_\_\_\_

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CHURCH NAME

CITY

PASTOR'S NAME

OGCA is unapologetically faith-based in all areas. The students are regularly exposed to Scripture, required to memorize verses/passages of the Bible, prayed with and for, and expected to reflect Christlike character in their dealings with others and their general daily life (in and out of school). With this in mind, how does your student feel about attending Oak Grove Christian Academy?

*Parent's Viewpoint: For all student ages. Please give some perceptions of your child's faith, commitment to Jesus, if & how they came to salvation, prayer & personal devotional habits, attitude towards authority, etc.*

*Student's Viewpoint: For students entering grades 7 and above. Please tell us about your personal faith — what you believe regarding God & salvation, how you came to a saving knowledge of Jesus Christ, what you are doing to grow in your faith, etc.*

*"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9*

## HEALTH & MEDICAL INFORMATION

Should your student require medication to be administered during the day, state law requires all medication to be in its original container, within the expiration date on box, and with the student's name clearly labeled on the outer box *and* interior container. If the medication is a prescription from the child's physician, it must be in the original container distributed by the pharmacy, within the date of expiration, and with the student's name clearly labeled on the container.

**A MAT Medical Consent Form is required for any and all medication given. This includes prescription medicine, over the counter medicine, cough drops, medical ointments, epi-pens, inhalers, etc.**

OGCA is a multi-use facility. Although OGCA staff will do their best to keep surfaces sanitized during program hours, we cannot guarantee that all school furniture, materials, supplies and toys will be free from surface contaminants and allergens which may aggravate a child with severe reactions.

All students must have a Medical / Photo Release Form on file with the school office, updated yearly.

## PARENT/GUARDIAN ACKNOWLEDGEMENT

I/we acknowledge that I am/we are required annually to complete Oak Grove Christian Academy's Medical Release form in order to supply the school with all necessary information for my/our child's medical needs. I/we understand that in order for OGCA to administer medication to my/our child, I am / we are required to complete a MAT Medical Consent Form, and that this form will need a physician's signature.

I/we acknowledge that I am/we are the legal custodial parent/guardian(s) of the student listed on this application, with all legal rights to make decisions regarding their school enrollment.

I/we hereby give OGCA administrators and staff my/our trust in caring for and educating my/our child. I / we will, to the best of my/our ability, adhere to the Parent / Student Handbook provided to all accepted students, and will equip my/our child to do so as well. I/we will support the school staff in their endeavors to enforce school guidelines, academic regulations, and Biblical principles, with the goal of developing more Christlike character in the life of my/our student.

I/we acknowledge that the school's receipt of this application is in no way implying or guaranteeing my / our child's acceptance into Oak Grove Christian Academy. I/we also understand this application is only one part of the enrollment packet, and will not expect an enrollment decision before all enrollment forms are received by the school.

I/we hereby attest that the information provided in this application is true and accurate, to the best of my /our knowledge and ability.

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ENROLLING PARENT/GUARDIAN SIGNATURE

DATE

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OTHER PARENT/GUARDIAN SIGNATURE

DATE

It is a policy of Oak Grove Christian Academy not to discriminate on the basis of race, color, religion, sex, national origin, age or disability in its educational programs or employment policies as required by the Indiana Civil Rights Act (IC. 22-9-1), IC 20-8-1-2, Titles VI and VII of the Civil Rights Act of 1964. Oak Grove Christian School admits students of any race, color, religion, or national or ethnic origin to all the rights, privileges, programs, and activities generally afforded or made available to students at the school. It does not discriminate on the basis of race, color, religion, or national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, athletic programs, or other school-administered programs.

*"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9*

## 2024-2025 TUITION CONTRACT

Grade Level		Annual Tuition Rate	9 Monthly Payments (Aug.-May)	2 Semester Payments (Aug. & Jan.)	1 Annual Payment (August)
K3 two days	Tues., Thurs.	\$1,215	\$135	\$595	\$1,155
K3 three days	Tues., Wed., Thurs.	\$1,800	\$200	\$882	\$1,710
K4		\$2,700	\$300	\$1,323	\$2,565
Grades K5-12	1st Child	\$5,000	\$555	\$2,450	\$4,750
	2nd Child	\$4,500	\$500	\$2,205	\$4,275
	Each Additional Child	\$4,050	\$450	\$1,985	\$3,848

### STUDENT INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	SUFFIX
PREFERRED FIRST NAME	BIRTHDATE (MM/DD/YYYY)	GRADE ENTERING - IF K3, PLEASE LIST 2 OR 3 DAY	

**RESPONSIBLE PARTY INFORMATION** — *The undersigned will be the assumed party responsible for payment, will receive student account invoices, and will be contacted in case of a delinquent account.*

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	SUFFIX
ADDRESS	CITY	STATE	ZIP CODE
PRIMARY PHONE NUMBER	PRIMARY EMAIL ADDRESS		

**CONTRACTED TUITION PAYMENT PLAN** — *Please circle the payment option that you prefer.*

A. One Annual Payment      B. Two Semester Payments      C. Nine Monthly Payments

I have read and understand Oak Grove Christian Academy's financial policy document. I agree to make payments in accordance with my chosen payment plan option circled above, and to abide by all payment schedules, policies and fees set in place by the school. I understand that failure to keep my account up-to-date may result in the above student's suspension, dismissal or refused re-enrollment from OGCA. I understand that this agreement is considered legal and binding.

RESPONSIBLE PARTY SIGNATURE	DATE
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*"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9*



# OAK GROVE

CHRISTIAN ACADEMY

8096 Leedstown Rd., Colonial Beach, VA 22443  
804-224-9842 oakgrovechristian.com

Effective for School Year: \_\_\_\_\_

## Medical / Photo Release Form

*Please read all sections carefully and print clearly in ink. Only one child per form.*

### STUDENT INFORMATION

LEGAL LAST NAME LEGAL FIRST NAME LEGAL MIDDLE NAME SUFFIX

PREFERRED FIRST NAME BIRTHDATE (MM/DD/YYYY) Gender: ☐ Male ☐ Female

STREET ADDRESS

CITY STATE ZIP CODE COUNTY

### PARENT / LEGAL GUARDIAN INFORMATION

PARENT/GUARDIAN 1 - FULL LEGAL NAME

PREFERRED NAME RELATIONSHIP TO STUDENT

PRIMARY PHONE NUMBER PRIMARY EMAIL ADDRESS

PARENT/GUARDIAN 2 - FULL LEGAL NAME

PREFERRED NAME RELATIONSHIP TO STUDENT

PRIMARY PHONE NUMBER PRIMARY EMAIL ADDRESS

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

If divorced / separated, what is the custody status? \_\_\_\_\_

**Please note: Any court documents regarding custody restrictions must be on file with the school office.**

Address of parent(s) if different than student's address listed above:

STREET ADDRESS

CITY STATE ZIP CODE COUNTY

*"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9*

EMERGENCY CONTACT / AUTHORIZED PICK-UP INFORMATION

Apart from parents/guardians, only those listed as Emergency Contacts will be allowed to pick up your child. If your child will be picked up by someone other than an emergency contact, **written permission** must be received on the day of pick up.

Please make sure your child understands who they are permitted to leave campus with. This creates a sense of security and lessens confusion if an unexpected person is picking your child up that day.

Anyone, including custodial parents/guardians, picking up your child from campus should be prepared to show a photo I.D. before the student will be released.

First Emergency Contact

FIRST	LAST	RELATIONSHIP TO STUDENT
PRIMARY PHONE	OTHER PHONE	EMAIL ADDRESS

Second Emergency Contact

FIRST	LAST	RELATIONSHIP TO STUDENT
PRIMARY PHONE	OTHER PHONE	EMAIL ADDRESS

Third Emergency Contact

FIRST	LAST	RELATIONSHIP TO STUDENT
PRIMARY PHONE	OTHER PHONE	EMAIL ADDRESS

Fourth Emergency Contact

FIRST	LAST	RELATIONSHIP TO STUDENT
PRIMARY PHONE	OTHER PHONE	EMAIL ADDRESS

Fifth Emergency Contact

FIRST	LAST	RELATIONSHIP TO STUDENT
PRIMARY PHONE	OTHER PHONE	EMAIL ADDRESS

*“Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go.” Joshua 1:9*

## HEALTH INFORMATION

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DOCTOR'S NAME / MEDICAL PRACTICE

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ADDRESS

PHONE

Please list all known allergies (food, environmental, contact, etc.). What specific action should we take in the case of an allergic reaction?

Does your child currently have or have a history of:

☐ Asthma ☐ Seizures ☐ Heart trouble ☐ Diabetes ☐ Other (Please explain below.)

If so, please explain any details that would help us in caring for your child: (An action plan may be required to be on file in the school office.)

Does your child wear:

☐ Glasses ☐ Contacts ☐ Hearing Aids ☐ Braces ☐ Retainers ☐ Other (Please explain below.)

Please explain any serious illness or injury your child has experienced within the last year:

Please explain any physical, emotional, psychological, and/or behavioral needs/restrictions, of which your child's teachers and school administration should be aware:

Please attach a separate piece of paper with any additional comments you have (include signature & date). We appreciate any information that will better help us meet your student's individual needs.

*"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9*

## PARENT / GUARDIAN CONSENT

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Oak Grove Christian Academy (OGCA) and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend classes and events being organized by OGCA. I/We understand that there are inherent risks involved in day-to-day activities or athletic events, and I/we hereby release OGCA, its directors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by OGCA, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the OGCA staff members.

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ENROLLING PARENT/GUARDIAN SIGNATURE

DATE

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OTHER PARENT/GUARDIAN SIGNATURE

DATE

## PARENT / GUARDIAN PHOTO RELEASE

I/We understand that my/our signature below grants permission for OGCA to photograph the student participant during school-sponsored activities and to use the photographs in audio-visual and printed materials without compensation or approval rights. These photographs may be used in any medium under the control of OGCA, with the understanding that OGCA will not attach names to the students in the photographs/videos, with the exception of the school yearbook. I/We understand that the photographs taken by OGCA will be included into school stock files. I/We agree that the photographs/videos, the digital files or transparencies thereof, and the rights to copyright the same, shall be the sole property of OGCA.

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ENROLLING PARENT/GUARDIAN SIGNATURE

DATE

---

OTHER PARENT/GUARDIAN SIGNATURE

DATE

*"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9*



# OAK GROVE

CHRISTIAN ACADEMY

8096 Leedstown Rd., Colonial Beach, VA 22443  
804-224-9842 oakgrovechristian.com

Previous School's Name and Mailing Address:

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## Official Student Records Transfer Request

Dear Sir or Madam:

As the student listed below has enrolled in our school, we respectfully request for all transcripts/files you have for him/her to be sent to the address above as soon as possible. Please include all evaluative materials that apply:

- All student records
- Most recent IEP
- Discipline records
- Grades/standardized test scores
- Medical information
- Copies of birth certificate and social security card
- Any other materials pertinent to better understand this student's academic performance.

Please feel free to contact us with any questions or concerns.

### Student Information:

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LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	SUFFIX
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BIRTH DATE

---

PARENT/GUARDIAN FULL PRINTED NAME

---

PARENT/GUARDIAN SIGNATURE

DATE

Sincerely,

---

OGCA ADMINISTRATION

DATE

*"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9*





**Student's Full Name:** \_\_\_\_\_

## After School Extended Care Policies & Fees

After School Extended Care subject to availability. Oak Grove Christian Academy reserves the right to change program status, including dates/times and fees, based on enrollment. If an adjustment is needed, you will be informed.

**Weekly Extended Care Tuition: \$200 per month**  
**Extended Care Hours: Monday - Friday, 3:10-5:00pm**

- **PAYMENTS** may be made monthly as part of the school tuition account. After School Extended Care will appear as a line item on your monthly invoice.
- **FAILURE TO MAKE A PAYMENT:** A 10% fee will be charged to late accounts. OGCA may discontinue After School Extended Care services if payment delinquent.
- **LATE PICK-UP FEE:** Out of respect for our adult workers, we ask that parents/guardians make it a priority to pick up their student on time. If a delay is inevitable, please contact the After School Extended Care director as soon as you are aware of the delay. Late fees will apply as follows: 5:10pm to 5:20pm - \$10; 5:21pm to 5:30pm - \$20; 5:31pm on - \$20 + \$2 per minute.
- **ABSENTEE POLICY:** Please call the office before 2pm on the day your child will not attend our after school care program. This information helps us be sure students are in the proper place at dismissal time.
- **ILLNESS/MISSED SCHOOL:** Students will be sent home from After School Extended Care in accordance with OGCA's Parent/Student Handbook policies. There are no reductions in tuition due to illness. Vacation or time-off needs 7 days written advanced notice. If no notice is given, you will be charged normal rates.
- **PICK-UP:** Students can only be picked up by the people listed on their emergency contact list. All adults picking up your student should be prepared to show a photo I.D.
- **MEDICAL RELEASE:** The Medical Release Form on file with the school office will also be used for After School Extended Care.
- **WE DO NOT OFFER PARTIAL WEEK RATES.**
- **WE DO NOT OFFER DAYTIME CARE** for school holidays, inclement weather days, teacher workdays, or other school closures. When OGCA is closed, please make other care arrangements for your child.
- **CONTACT INFORMATION** for parents/guardians, as well as primary emergency contacts, must be provided on the reverse side of this policy page. Other emergency contacts may be accessed from the Medical Release Form as needed.

I am the legal custodial parent/guardian for the above-named student. I understand and agree to pay in accordance with the above payment schedule, rates and policies. I acknowledge that failing to follow these policies may result in dismissal from the OGCA After School Extended Care Program.

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ENROLLING PARENT SIGNATURE

DATE

*"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go." Joshua 1:9*

ENROLLING PARENT/GUARDIAN — The enrolling parent/guardian should be the primary custodial guardian of the student & will be used as the primary emergency contact unless otherwise specified.

Relationship

☐ Father

☐ Mother

☐ Stepfather

☐ Stepmother

☐ Legal Guardian

☐

OTHER - Please Specify

LEGAL LAST NAME

LEGAL FIRST NAME

LEGAL MIDDLE NAME

SUFFIX

ADDRESS (If different than student)

CITY

STATE

ZIP

PREFERRED NAME

PRIMARY PHONE

EMAIL ADDRESS

OCCUPATION

EMPLOYER

WORK HOURS

WORK PHONE

OTHER PARENT/GUARDIAN

Relationship

☐ Father

☐ Mother

☐ Stepfather

☐ Stepmother

☐ Legal Guardian

☐

OTHER - Please Specify

LEGAL LAST NAME

LEGAL FIRST NAME

LEGAL MIDDLE NAME

SUFFIX

ADDRESS (If different than student)

CITY

STATE

ZIP

PREFERRED NAME

PRIMARY PHONE

EMAIL ADDRESS

OCCUPATION

EMPLOYER

WORK HOURS

WORK PHONE

First Emergency Contact

FIRST NAME

LAST NAME

RELATIONSHIP TO STUDENT

PRIMARY PHONE

OTHER PHONE

EMAIL ADDRESS

Second Emergency Contact

FIRST NAME

LAST NAME

RELATIONSHIP TO STUDENT

PRIMARY PHONE

OTHER PHONE

EMAIL ADDRESS

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