



OMAHA CHRISTIAN ACADEMY

5612 "L" Street
OMAHA, NEBRASKA 68117
(402) 399-9565 / FAX (402) 399-0248

NEW STUDENT APPLICATION

Fill in all blanks front and back. Use N/A if not applicable.

Date _____

Student's Last Name _____

First _____ Middle _____

Goes By _____

Social Security # _____

Birthday _____ Age _____ Sex _____

Race _____ Grade enrolling _____

NEW enrollment date _____

FIRST enrollment date at OCA _____

Church _____

Parent #1

Last Name _____

Title _____ First _____

Street _____

Home/Cell Phone _____

City _____

State _____ Zip _____ + _____

Employer _____

Address _____

Occupation _____

Work Phone _____

Relation to student _____

Lives with Student (Y/N) _____

Church _____

Pastor _____

E-mail address _____

Parent #2

Last Name _____

Title _____ First _____

Street _____

Home Phone _____

City _____

State _____ Zip _____ + _____

Employer _____

Address _____

Occupation _____

Work Phone _____

Relation to student _____

Lives with student (Y/N) _____

Church _____

Pastor _____

E-mail address _____

If another party other than a parent is responsible for the tuition payment, please give this information below.

Last Name _____

Title _____ First _____

Street _____

Home Phone _____

City _____

State _____ Zip _____ + _____

Occupation _____

Work Phone _____

Relation to student _____

Lives with student (Y/N) _____

School student last attended _____

School Address _____

City _____ State _____ Zip _____ + _____

Family Doctor _____ Phone _____

Address _____

Does the student have a chronic illness such as asthma, diabetes, allergies, etc? _____ If yes, explain. _____

Has the student repeated any grade? _____ If yes, explain _____

What is the school district of residence? _____

Has the student been suspended or expelled from school? _____ If yes, explain. _____

Describe any physical disabilities that need special attention. _____

Please give names and grades of school age children living in the family which are not enrolled in OCA. _____

Emergency Contacts: (if parents can't be reached)

1) Name _____ Relationship _____ Phone _____

2) Name _____ Relationship _____ Phone _____

Explain why you choose for your child to attend Omaha Christian Academy. _____

I understand that photos, videos, etc. of my child may be taken by the school and used for school publicity purposes.

I do not grant Omaha Christian Academy the right to use my child's image and name for publicity purposes.

How did you hear about OCA? (Check any that apply.)

Radio _____ Church

School Family

Newsletter

Phone Book

Advertisement

Other _____

These steps (forms or records) are needed to complete a New Student Application:

1. Application Form
2. Statement of Cooperation
3. Statement of Faith
4. Last Report Card
5. Birth Certificate
6. Interview Principal
7. Release of Records
8. Health/Immunization Records
9. OPS Family Census
10. Payment Schedule Authorization
11. Registration Fee Paid - (non-refundable)
12. Student Questionnaire (high school)
13. Pastor Reference Form
14. Friend Reference Form
15. Chronic Illness Form (if applicable)