2017-2018 SCHOOL YEAR

185 NAPANEE ROAD, LELAND, MS 38756

PHONE: 662-686-5600 | FAX: 662-686-5661

Student's Name		
Parent/Guardian's Name		
Social Security Number (Student)	Male	Female
Birth Date	Church Home	
Are You Saved (Student) Yes No Have	You Been Baptized (Student) Yes_	No
Mother's Name & Address		
Phone Number		
Father's Name & Address		
Phone Number		
Emergency Contact Person	Phone Number	
Grade Last Completed Have you eve	er been Suspended? Yes	No
If Yes, Please Explain:		
Reason		
School Last Attended		
Does student have any Special Needs/Disabilities? Ye	s No	
Any Allergies? Yes No Any Med	ications? Yes No	
If Yes, Please Describe:		
Mother's Place of Employment	Phone#	
Father's Place of Employment	Phone#	
Parents/Guardian Signature(s)	Date	
	Date	

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MISSION STATEMENT:

The mission of the Unity Christian Academy is to advance the Kingdom of God in the earth by providing a quality academic education and spiritual development to the children and youth of the Mississippi Delta.

VISION STATEMENT:

Our vision is to repopulate the earth with Christ Like individuals who will be both productive citizens in their communities, as well as the Kingdom of God.

TUITION:

The annual tuition for the Unity Christian Academy is \$1998.00 per year. In comparison to three other local private/Christian schools, the Unity Christian Academy is very affordable (reference chart below.

	Greenville School A	Greenville School B	Greenville School C	Unity (10 Months)	Unity (12 Months)
Annual Tuition,	\$4720.00	\$5800.00	\$3800.00	\$1998.00-Tuition	\$1998.00-Tuition
Building Fund,				\$240.00-Books	\$240.00-Books
Fees, Etc.				\$2,238.00-Total	\$2,238.00-Total
Monthly	\$393.00	\$483.00	\$316.00	\$196.80-Tuition	\$166.50-Tuition
Payments				\$27.00 Books	\$20.00-Books
				\$223.80-Total	\$186.50-Total

^{**}Parents/Guardians may elect to pay tuition 10 months or 12 months.

***3 or more students from the same household with receive a 15% discount applied to their tuition.

OPTIONAL:

Please inquire about after school tutoring offered Monday-Thursday. Parents must make arrangements to pick up their child/children.

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Is this student,	, a parent?	Yes or No	
Is this student,	, pregnant?	Yes or No	
Is this student,	, about to become	a father?	Yes or No
STUDENT PREGNANCY:			
In accordance with the school's Affirmation Standard of ignore sexual activity, including when it results in pregna	-	•	
If a Unity Christian Academy student becomes pregnant disciplinary actions will be taken by the Board of Trusted pregnant student and/or students that have children can of school students. Pregnant or expecting parents will be all and take exams on campus. Any student who is the pare enroll or attend Unity Christian Academy, must receive a before attending UCA.	es. The official ponly be enrolled as llowed to complete the of a child/child	olicy of UC. s off campus te assignment lren and wis	A is that a s home- nts at home hes to
Student Print Name:			
Student's Signature:			
Date:			
Parent Print Name:			
Parent's Signature:			
Date:			

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Corporal Punishment Notification 2017-2018

It is the desire of Unity Christian Academy for disciplinary measures to be appropriate to the offense and effective in correcting and teaching behavior. Therefore, the school may use a number of disciplinary methods. Discipline should be fair and consistent and the measure will be evaluated by the administration and/ or teacher. Under no circumstances does Unity Christian Academy allow for continual non- compliance with rules, guidelines and policies, dishonor to God's word or disrespect to school personnel. It is expected that parents will support the proper use of discipline within the school.

One form of discipline utilized by UCA is corporal punishment. Corporal punishment is a Biblical form or correction when deemed appropriate based on Proverbs 13:24, 22:15, and 29:15. The possibility of corporal punishment is a motivator for students to consider their actions and can be an effective deterrent to unacceptable behavior before it occurs.

The administering of corporal punishment will be only under the supervision of the Administrator(s) or his/her designee with a staff witness present. The punishment will involve spanking with a wooden paddle with no more than three firm strokes. There will be a Corrective Action Report completed and a copy sent home to parents.

Unity Christian Academy will utilize corporal punishment as a form of punishment. A signed form verifying the knowledge of such is a requirement for administering.

Please mark the appropriate line below and complete the information. An incomplete or missing form will be treated as a denial of authorization.

(Please check one)	
I do authorize the use of corporal punishment for the student named b	elow.
I do not authorize the use of corporal punishment for the student name	ed below.
Student Name:	
5 1/6 P N	
Parent/ Guardian Name:	
Parent/ Guardian Signature:	
Tarenty Guardian Signature.	
Relationship to Student:	
Date:	

By signing this form, parents and/or guardians are confirming that all information provided in this document is accurate and agree to the terms and conditions. If there are any questions, **DO NOT** sign, but contact the Unity Christian Academy office without delay.

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After-School Tutoring

Dear Parents,

Unity Christian Academy offers after-school tutoring services for our students who may need it. The after-school tutoring services will be provided Monday-Thursday from 3:00pm-5:30pm. The cost per student is \$5.00 per day. Parents/Guardians will pick up their student from the school. Addditional charges may apply for late pick-ups.

(Please Print)	
I,, a	m interested in the after-schoo
tutoring for my child,	I am aware of the
additional cost for this service. I understand that it is my responsibility	y to have my child picked up
between the hours of 3:00pm-5:30pm, from Unity Christian Academy	<i>'</i> .
Parent Signature:	
Date:	

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Student Medical Information

Student's Name	Date of Birth	:
Address:	City:	State:
Student's Doctor:	Doctor's Phone #	
Doctor's Address:	City:	State:
Medications Taken		
Name of Medication:	How often:	
Name of Medication:	How often:	
Name of Medication:	How often:	
Name of Medication:	How often:	
Medical Conditions		
Yes No If	Yes, Explain	
Allergies()()		
Asthma()()		
Diabetes()()		
Gastrointestinal Disorder()()		
Hearing Disorder()()		
Hypertension()()		
Hypotension()()		
Orthopedic Condition()()		
Hearing Disorder()()		
Respiratory Illness()()		

Medical Conditions (cont.)

	Yes	No	If Yes, Explain
Seizure Disorder	()	()	
Skin Disorder	()	()	
Vision Disorder	()	()	
Other (Specify)	()	()	
of activities, or may affect h	-		P If so, please specify.
The information given above information dealing with m		best of	my knowledge, and I am not withholding any
Parent/Guardian Name:			
Parent/Guardian Signature:			
Date:			

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Student Dismissal Authorization

This is to obtain authorization from you, parent or legal guardian, to allow someone other than yourself permission to pick up or call regarding your child from school in case of an unforeseen event or an emergency. **NO EXCEPTIONS!** A student will not be allowed to sign another student out of school.

udent's Name:		Grade:	
Parent/Guardian:			
Address:	City:	State:	
Cellular Phone #	Work Phone #		
Name of Authorized Person	Relationship to Child	Phone #	
·			
•			
·			
understand and authorize the above in nade or in the event of an emergency.			
Parent/Guardian Signature:		Date:	

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Allergic Foods

In order that we may know not to serve your child a particular food(s), please list any food that you are aware of that your child may be allergic to.

Student's Name:		
Food(s) Allergic To:		
Parent's Signature:	Date:	
To my knowledge, I am not aware of	ny food that my child is allergic to.	
Parent's Signature:	Date:	

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Permission for Testing

The educational program Unity Christian Academy (UCA) utilizes is an individualized self-instructional curriculum; that involves diagnostic testing, goal setting, and mastery of subject content. Parent's permission is needed to assess your child's most recent achievement level. The assessments below are used for all grade levels and will occur during the following periods listed below.

Diagnostic Testing (Pre-Assessment & Post-Assessment), Stanford 10 Test (Spring)

(Please Print)	
Ι,	understand the assessments
listed above and give permission to Unity Christian	Academy to test my child
	during the 2017-2018 school year.
Results from Diagnostic Test and Stanford 10 Test	t are shared with parents/guardians.
Parent/Guardian Signature:	
Date:	

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Use of Your Child's Name and Image on Unity Christian Academy's Web Sites, Newspaper Ads, Magazines, Radio, and/or Television

Student's Full Name: _____ (Please Print)

Occasionally, Unity Christian Academy publishes images of the students to announce activities and events regarding the school. This publication media may be through the school's web-page, radio, newspaper, or the World Wide Web server, or all resources listed above.
Unity Christian Academy (UCA) uses the following listed guidelines regarding use of your child's name and image:
 For magazines, newspapers, and television communications, the child's image is used as well as his/ her first and last name. For radio, child's voice will be used along with first and last name. For the use of UCA's web-page or the World Wide Web server, UCA will use the student's image and either no name or first and last name that is associated with the image ONLY.
Please initial only ONE of the statements given below. Then, sign and date the marked statement at the bottom of the form, and return to your child's teacher.
Yes, I agree and will allow Unity Christian Academy (UCA) to use my child's name and image within the guidelines stated above for all media.
No, Unity Christian Academy (UCA) may not use my child's name or image for any publicity of any kind.
Name of Parent of Guardian (please print):
Signature of Parent or Guardian:
Date:

Unity Christian Academy

School Supply List 2017-2018

Pre-K - 1st Grade

#2 Pencils

Primary Writing tablets

Crayons

Scissors

Glue Sticks

1 Box of Kleenex

1 Bottle of Hand Sanitizer

$2^{nd} - 3^{rd}$ Grade

Mechanical Pencils *ONLY*

Blue or Black Pens

1 Subject Spiral Notebook (1 per Subject)

Ruler

Crayons

Scissors

Glue Sticks

1-Box of Kleenex

1-Bottle of Hand Sanitizer

4th – 6th Grade

Mechanical Pencils *ONLY*

Blue or Black Pens

1 Subject Spiral Notebook (1 per Subject)

Ruler

Color Pencil

1-Box of Kleenex

1-Bottle of Hand Sanitizer

$7^{th}-12^{th}\ Grade$

Mechanical Pencils *ONLY*

Blue or Black Pens

1 subject Spiral Notebook (1 per subject)

1-1inch Binder *SENIORS ONLY*

Calculator (Texas Instrumental T184 Plus or Higher)

For students working in Math Paces #1073-1138-ONLY

Protractor

Compass

Ruler

1-Box of Kleenex

1-Bottle of Hand Sanitizer