



Christian Servant Academy

“Educating Faithful Disciples and Humble Servants”

4064 Winburne Munson Rd ♦ Morrisdale, PA 16858

Christianservantacademy.org

Samuel D. Smeal, Headservant

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Dear prospective CSA family,

Congratulations on being approved to attend Christian Servant Academy! We are looking forward to serving you on your educational and Spiritual journey. In order to complete your registration and be formally enrolled in CSA, please read through this packet and turn in the following:

- Copy of Child's Official Birth Certificate
- Registration Form (*Attached*)
- Memorandum of Understanding (*Attached*)
- Private Dentist Exam Form (*Available on our website*)
- Private Physician Exam Form (*Available on our website*)
- Medical Information Form/ Medical Authorization and Waiver Form (*Attached*)
 - Immunizations Records Form or Immunizations Opt-out Form
- \$100 Registration Fee (*used for school uniform polo shirts*)
- Previous school records (*if applicable*)
- Acknowledgement of School Handbook and Policies and Emergency Contact Information Forms (*Attached*)
- Transportation Form (*Attached*)
- Likeness/ Photographic Image Authorization Form (*Attached*)

The CSA Parent/ Student Handbook may be found at our website, www.christianservantacademy.org. Please review our Statement of Faith and all of our policies prior to signing and returning the forms.

Thank you for choosing Christian Servant Academy!

God bless you,

Samuel D. Smeal

Headservant

Registration Form:

STUDENT INFORMATION			
APPLYING FOR GRADE (Kindergarten student must be 5 years old as of 9/1/2021) Circle one: K 1 2 3 4 5		STUDENT RELIGION	
LEGAL LAST NAME	FIRST NAME	MIDDLE NAME	
MAILING ADDRESS CITY, STATE, ZIP		BORO/TOWNSHIP	
PHYSICAL ADDRESS (IF DIFFERENT) CITY, STATE, ZIP			
SCHOOL DISTRICT OF RESIDENCE		PUBLIC SCHOOL BUILDING STUDENT WOULD ATTEND	
DATE OF BIRTH	BIRTH PLACE / CITY, STATE, COUNTRY	GENDER	
IS THIS STUDENT A UNITED STATES CITIZEN? Circle one: YES NO If NO, All international students must have a student visa/I-20			
STUDENT'S ETHNICITY Circle one: HISPANIC NON-HISPANIC (This information is requested by the US Government, CSA does not discriminate.)			
STUDENT'S RACE Circle as applicable: AMERICAN INDIAN/ALASKAN NATIVE ASIAN TWO OR MORE RACES HAWAIIAN NATIVE/OTHER PACIFIC ISLANDER WHITE BLACK (This information is requested by the US Government, CSA does not discriminate.)			
STUDENT SCHOOL HISTORY Begin with the school the student is currently attending, please list all schools and reason for leaving, including preschools.			
PREVIOUS SCHOOL ATTENDED (NAME / CITY & STATE)		DATES	
REASON FOR LEAVING		PHONE	
PREVIOUS SCHOOL ATTENDED (NAME / CITY & STATE)		DATES	
REASON FOR LEAVING		PHONE	
PREVIOUS SCHOOL ATTENDED (NAME / CITY & STATE)		DATES	
REASON FOR LEAVING		PHONE	

REGISTRATION AFFIDAVIT

As mandated by Section 1304-A of the Public School Code, I _____ the parent/guardian of _____ (student name) hereby swear or affirm that the student **HAS HAS NOT** (circle one) been previously suspended or expelled from any public or private school of the Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I understand that false statements made herein are subject to the penalties of 18 Pa. C.S. 4904 relating to unsworn falsification to authorities.

 (Parent/Guardian Signature and Date)

Registration Form Continued:

Student Name: _____ Parent(s) Name: _____ DOB: __/__/__ Page 2

HOME LANGUAGE SURVEY This section must be completed for ALL students			
Does this student speak a language other than English? Circle one: NO YES If YES, please list languages.			
What is the student's first language?			
What language(s) is spoken in your home?			
FAMILY INFORMATION Name, age or grade, school of other children in family.			
NAME	GENDER	AGE or GRADE	SCHOOL ATTENDING

PARENT / GUARDIAN INFORMATION Please list phone numbers in the order (A, B, C) they are to be called for contact.			
PARENT / GUARDIAN NAME		EMAIL ADDRESS	
EMPLOYER	OCCUPATION	EDUCATION/DEGREE	
RELIGION		PARISH	
MAILING ADDRESS (If different from student) CITY, STATE, ZIP			
PHYSICAL ADDRESS (If different from mailing) CITY, STATE, ZIP			
PHONE A (Circle one: HOME CELL WORK)	PHONE B (Circle one: HOME CELL WORK)	PHONE C (Circle one: HOME CELL WORK)	
RELATIONSHIP TO STUDENT Circle one: FATHER MOTHER STEP-PARENT GUARDIAN OTHER _____			
MARITAL STATUS Circle one: MARRIED SINGLE WIDOW DIVORCED SEPARATED			
SHOULD THIS PERSON RECEIVE SCHOOL MAILINGS AND EMAIL? Circle one: YES NO			
DOES THE STUDENT LIVE WITH THIS PERSON? Circle one: YES NO SHARED CUSTODY			
ARE THERE ANY LEGAL RESTRICTIONS? Circle one: YES NO If YES, please attach court order / custody agreement.			
PARENT / GUARDIAN NAME		EMAIL ADDRESS	
EMPLOYER	OCCUPATION	EDUCATION/DEGREE	
RELIGION		PARISH	
MAILING ADDRESS (If different from student) CITY, STATE, ZIP			
PHYSICAL ADDRESS (If different from mailing) CITY, STATE, ZIP			
PHONE A (Circle one: HOME CELL WORK)	PHONE B (Circle one: HOME CELL WORK)	PHONE C (Circle one: HOME CELL WORK)	
RELATIONSHIP TO STUDENT Circle one: FATHER MOTHER STEP-PARENT GUARDIAN OTHER _____ MARITAL			
STATUS Circle one: MARRIED SINGLE WIDOW DIVORCED SEPARATED			
SHOULD THIS PERSON RECEIVE SCHOOL MAILINGS AND EMAIL? Circle one: YES NO			
DOES THE STUDENT LIVE WITH THIS PERSON? Circle one: YES NO SHARED CUSTODY			
ARE THERE ANY LEGAL RESTRICTIONS? Circle one: YES NO If YES, please attach court order / custody agreement.			

Memorandum of Understanding

As a parent/ guardian of a student in Christian Servant Academy, I understand, affirm, and support the following:

1. The primary purpose of CSA is to form students in the values of Jesus Christ, in accordance to God's Word, the Bible.
2. CSA is distinctly a religious education institution operating under a specific, non-denominational Statement of Faith. CSA is not a state-licensed private school and does not receive any funding from the state, but is supported by churches and members of the community who agree with its Statement of Faith.
3. Attending CSA is a privilege, not a right.
4. While academic excellence and involvement in extracurricular activity is important, fidelity to God and His Word, the Bible, is the utmost priority.
5. CSA and its administration have the responsibility to ensure that Christian values and moral integrity permeate every facet of the school's life and activity.
6. In all questions involving faith, morals, faith teaching, and discipline, the final determination rests with the Word of God.

As a parent/ guardian desiring to enroll my child in CSA, I accept this Memorandum of Understanding. I pledge support for the Christian identity and mission of this school, and by enrolling my child, I commit myself to uphold all the principles and policies that govern this school.

Father	Mother	Guardian
_____ Printed	_____ Printed	_____ Printed
_____ Signature	_____ Signature	_____ Signature

Student(s) Names (Please Print)

Date _____

Each registration must be accompanied by a signed and dated Memorandum of Understanding.

Medical Information Form

Please use this form to record immunizations, allergies, and any other medical conditions that your child has. If conditions change, please update this information as soon as possible.

Immunizations: Please **attach** a copy of your child's vaccinations and immunizations record. If you opt out, attach a copy of your opt-out form.

In order to enter school for the first time, at the Kindergarten or First Grade level, in any public, private or parochial school, your child must have the following immunizations:

- 4 doses of tetanus, diphtheria and acellular pertussis (1 dose on or after the 4th birthday) (Usually given as DTP or DTaP, or if medically advisable, DT or Td)
- 4 doses of polio (4th dose not necessary if the 3rd dose administered at age 4 years or older and at least 6 months after the previous dose)
- 2 doses of measles, mumps and rubella (Usually given as MMR)
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

These requirements allow for medical and religious/philosophical exemptions. If your child is exempt from immunizations, s/he may be removed from school during an outbreak.

Allergies:

Other medical conditions (including medications):

Medical Authorization and Waiver

If your child takes medicine and may need to have medicine administered at school, please read and check the boxes. Then sign. **The staff at CSA giving medication may not be formally trained.** It is important to share any concerns that you have before signing this form and giving your child's medication to CSA staff to administer.

- I authorize staff of CSA to administer my child's medication, and I have included specific directions for how it must be administered.
- I understand that reactions to medications may occur, and that the staff of CSA are not medical professionals. I understand that by signing this form **I will not hold CSA or its staff liable** if a negative reaction or result happens during or after the administration of my child's medicine.

Signature of parent/ guardian

Date

Acknowledgement of the Handbook and Policies Form

I acknowledge that I have received and read a student handbook, and I have an understanding of the policies of CSA.

Signature of parent

Date

Signature of student

Date

Emergency Contact Information Form

Student Name: _____

Emergency Contact #1: _____

Relationship to Student: _____

Home Phone Number: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Emergency Contact #2: _____

Relationship to Student: _____

Home Phone Number: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Emergency Contact #3: _____

Relationship to Student: _____

Home Phone Number: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Transportation Form

Please keep the following information up-to-date for CSA's records:

Student's name: _____

My child will primarily come to school by:

- Riding with family
- Riding a bus (*please contact West Branch Area School District to arrange busing*)
- Other: _____

My child can be picked up by the following people*:

Name:

Relationship to student:

*If your child rides home with someone who is not on this list, they must have a signed permission slip stating the name of the person with whom they will ride and the date. An exception for a phone authorization may be made in emergencies.

Signature of parent/ guardian

Date

LIKENESS/ PHOTOGRAPHIC IMAGE AUTHORIZATION

- I grant permission to Christian Servant Academy to use my child's name, likeness, and/or photographic image in the production of the following: newspapers, newsletters, yearbooks, school website, school social media, church bulletins, marketing brochures, radio or television. I understand that if, for whatever reason, at any point in time, I decide to revoke this agreement, and I so notify the school in writing, all references to my child/youth (i.e., name, likeness and/or photographic image) will no longer be used. I understand that web page references and web page photographic images will be removed within thirty (30) days of the written notification. I understand that Christian Servant Academy is not responsible for access to the internet information or downloads made by users using the web prior to this removal of web references (i.e., name, likeness and/or photographic image). I further understand that my child's name, likeness and/or photographic image may continue to be used in any publication already printed or published prior to my revocation of the consent provided herein.

- I grant permission to Christian Servant Academy to use my child's name, likeness, and/or photographic image ONLY in the following: _____ . I understand that if, for whatever reason, at any point in time, I decide to revoke this agreement, and I so notify the school in writing, all references to my child/youth (i.e., name, likeness and/or photographic image) will no longer be used. I understand that web page references and web page photographic images will be removed within thirty (30) days of the written notification. I understand that Christian Servant Academy is not responsible for access to the internet information or downloads made by users using the web prior to this removal of web references (i.e., name, likeness and/or photographic image). I further understand that my child's name, likeness and/or photographic image may continue to be used in any publication already printed or published prior to my revocation of the consent provided herein.

- I do not grant permission to Christian Servant Academy to use my child's name, likeness, and/or photographic image for any reason.

Name of Child (Please Print)

Date of Birth

Signature of Parent/Guardian

Date