



Student Application

School Year 2026-2027

- Registration fees are non-refundable.
- Curriculum fees are due by July 1st.
- Tuition is paid in advance. Monthly payments are due by the 10th of each month.
- Payments received after this date are subject to a late fee of \$10.00, which will be added to the account balance. Accounts more than two months past due will result in withdrawal of student and assignment of new student from waiting list to class.
- **In the event of withdrawal/expulsion, a one-month tuition payment penalty is due.**
- **Kindergarten and 1st grade – Current Immunizations**

- 5% tuition discount if the account on/before August 1st.
- 2% tuition discount if ½ tuition is paid on August 1st and balance on/before January 2nd.

- Cash
- Check
- Visa/Mastercard, Discover

The Way Christian Academy does not discriminate on the basis of race, sex, national or ethnic origin, and disabilities.

The Way Christian Academy Student Application

School Year 2026-2027

Student Name _____

Student Information

1) Name	DOB	Social Security No.	Sex
Last School Attended and Address			Grade being Enrolled

Family Information

Father's Full Name	Cell Phone	Work Phone	E-Mail
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Address City, State, Zip	Employer & Address
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Mother's Full Name	Cell Phone	Work Phone	E-Mail
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Address City, State, Zip	Employer & Address
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Custody Mother Father Other _____

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Emergency Contacts allowed to pick-up (other than parents listed).

Contact 1	Phone Number	Full Address
Contact 2	Phone Number	Full Address
Contact 3	Phone Number	Full Address

Spiritual Information

Family Church Name	Pastor's Name	Church Phone
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Is the child's father a Christian? Yes No	Does the child's father regularly attend church? Yes No
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Is the child's mother a Christian? Yes No	Does the child's mother regularly attend church? Yes No
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Health Information

Complete health information on the Florida HRS Form 680 must be received as part of the application. A recent physical is also required for all kindergarten and all new students in the State of Florida. If you are a Florida resident, an original form from your doctor or a photo copy from actual school records is acceptable. If you are from another state, the school registrar will advise you as to the required procedure. Note: ALL information is strictly confidential and will be shared with those directly concerned.

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Physician Name	Physician Phone	Physician Address
Dentist Name	Dentist Phone	Dentist Address

Does your child have any specific physical handicaps or medical problems? Yes No	If yes, please explain:
Does your child take any prescribed medications for chronic medical conditions? Yes No	If yes, please explain

If you have any other information which may assist the education of your child at The Way Christian Academy, please indicate.

Behavioral Issues

Has your child had any serious discipline problems or been expelled/suspended from school or daycare/preschool? Yes No	If yes, please explain:
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Emergency Treatment Authorization

This form authorizes emergency treatment for my child(ren) in the event of a parent/guardian cannot be located to give permission for treatment.

Preferred Hospital:

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School Year 2026-2027

Student Name _____

Child's Name	Age
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_____	____/____/20____
Parent/Guardian's Printed Name	Date

Insurance Company	Policy Number
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Emergency Plan Instructions:

All medications MUST have a form filled out at the beginning of the school year for us to be able to give medication. Medication MUST also have a pharmaceutical label.



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THE WAY CHRISTIAN ACADEMY WILL COMPLETE THIS PORTION.

Number of Students	Grades	Approved Scholarship

Total Tuition	Total Registration	Total Curriculum	Total Other Fees	Grand Total
Total Tuition	Total Registration	Total Curriculum	Total Other Fees	Grand Total

Balance Information

Total Due	# Payments Due	Payment Amount	Beginning Date	Ending Date

Contractual Agreement

I hereby make an application for my child(ren) to attend The Way Christian Academy. I affirm that I will prayerfully support the administration and faculty by upholding the policies and procedures of the school. If I am in disagreement, I will follow the scriptural principle of going first to the teacher and then to the administrator with the disagreement. Scholarships are available but may not cover all fees. I agree to make payments in accordance with the approved "Tuition and Fees Schedule" and to pay an additional one month's tuition in the event of withdrawal or expulsion from the school. I give my permission for my child(ren) to attend any school sponsored field trips and activities away from the school. I give permission for my child(ren) to be photographed and the photographs to be used on bulletin boards, in the yearbook, in magazines and on the school website. I understand if for any reason I am unable to carryout any part of this agreement, I may be asked to withdraw my child(ren) from the school and I will do so upon request.

I have a copy of the Family Handbook and will read the information therein.	
Yes	No
_____	____/____/20____
Parent/Guardian's Signature	
_____	____/____/20____
School Signature	

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	Truly Outstanding	Excellent	Good	Average	Below Average	Poor	Not Known
Integrity							
Self- Discipline							
Reaction to Criticism							
Respect for Authority							
Leadership							
Respected by Peers							
Sense of Humor							
Christian Values							
Choice of Friends							
Creativity							

Characteristics

From the list below choose 5 words that best describe the applicant(s). Please circle your choices.

Aggressive	Daydreamer	Healthy	Lazy	Sneaky	Ambitious	Disobedient
Humorous	Obedient	Trustworthy	Happy	Clown	Hyperactive	Generous
Underachiever	Caring	Perfectionist	Generous	Prompt	Energetic	Attentive
Late	Rebellious	Industrious	Other: _____		Other: _____	

How does this applicant rank in your Class?

_____ Top 10% _____ Top 20% _____ Top 50% _____ Bottom Half

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Academic Work

Compared to other students of the same age whom you have taught/observed, please rate the student in the following areas.

	Truly Outstanding	Excellent	Good	Average	Below Average	Poor	Not Known
Reading Ability							
Reading Achievement							
Writing Ability							
Writing Achievement							
Mathematical Ability							
Mathematical Achievement							
Study Habits							
Overall Classroom Behavior							

Comments/Recommendations

Please share any comments that would be helpful to us in making a decision regarding this applicant:

Please choose from the options below as to how you would recommend this applicant for admission to The Way Christian Academy.

With Enthusiasm
 With Confidence
 No Recommendation
 With Reservation

Name	Address	Phone #
Name of School	In what capacity have you known the student?	How long have you known the applicant?

_____ / ____ / 20____
Parent/Guardian Signature **Date**