

SCHOOL YEAR 2019-20



SOUTH TEXAS CHRISTIAN ACADEMY

7001 N. WARE RD. MCALLEN, TEXAS 78504

OFFICE: 956-682-1117

WEBSITE: www.stca.ws

Dear Parent/Guardian,

Thank you for your interest in ***South Texas Christian Academy (STCA)***. I am pleased to have the opportunity to share information with you about our school and our application process. STCA is a nonprofit Seventh-day Adventist school encompassing early childhood education through grade 12.

This application includes information on tuition policies, application form, and registration requirements. You may apply for enrollment now by submitting a completed application packet to the school office. Upon completion of the interview and application process, you will be notified of your student's enrollment status.

It is our desire at South Texas Christian Academy to direct our students to find fulfillment through a personal relationship with Jesus Christ and to assist them in realizing their full potential for a successful Christian life through a Biblical based curriculum. We value the opportunity to work together with you in the development and education of your child (ren). We are available to answer any additional questions you may have. Please contact us at 956-682-1117/956-682-6281 or stop by any of the offices at any time.

Yours in Christ,

STCA Administration

Non-Discriminatory Policy

South Texas Christian Academy admits students of any race; color national and ethnic origin to all rights, privileges, programs, and activities in generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in its administration or its educational policies, admission policies, scholarship and loan programs and athletic and other school-administered programs.

Qualifications for Admission

South Texas Christian Academy is open to all young people who desire a Christian education. Students who apply for admission should be in agreement with the purpose and objectives of the school and live in harmony with its principles.

- ❖ **Age Entrance:** Students need to have turned the following ages (**BEFORE THE 1st OF SEPTEMBER**) to be able to enroll in the corresponding grades. **Four years** of age for Pre-Kindergarten **Five years** of age for Kindergarten and **Six years** of age for First grade.
- ❖ **School Records:** Upon receipt of school records from the former school. Each new preparatory (*high school*) student must present evidence of having completed grades one through eight.
- ❖ **Unpaid Accounts:** Students who have unpaid account with STCA or another school are not permitted to register until clearance has been obtained from the treasurer. Any request for exemption to this policy will be considered on an individual basis by the finance committee.

Application Process

Application packets are available from the school office. Before the admission committee can consider a student for possible acceptance, the following items must be completed and submitted for review:

- ❖ **2019-2020 Application**
- ❖ **Photocopies:** from previous school, most recent report card, standardized test scores, and any special education or behavioral evaluations.
- ❖ **Immunization Record**
- ❖ **Copy of Birth Certificate** or **Passport.**
- ❖ **All NEW STUDENTS (1st-12th):** Are required to take a reading proficiency test Math/Reading.
- ❖ **(NEW STUDENTS)Kinder-12th):** **2** Letters of Recommendation from a teacher, principal, or school counselor/advisor.
- ❖ **Student Visa:** **application/costs can be obtained at the elementary office**
- ❖ **Medical/Physical Examination form-** **submitted before August 1st**
- ❖ **Financial Agreement**
- ❖ **Student /Parent Orientation-** **will be contacted with date and time).**

After this information is received and reviewed, an appointment will be scheduled for an interview with the principal & Registrar, and possibly the classroom teacher. Upon completion of these steps, the parents/guardians will be notified of the final decision.

Since the application process can take time and a class may occasionally fill well in advance of the new school year, we strongly recommend that you allow ample time to complete the application process.

Mid-Year Enrollment

High School students will not be able to enroll during the second semester. Exceptions are only made for students transferring to the area within the U.S.

Grade Placement

STCA reserves the right to determine student grade placement based on evaluation and testing of the student.

Requires Documentation

The following documentation will be required upon acceptance by the admission committee:

- ❖ **Student Pledge:** It is understood that every student who applies for admission to STCA will pledge to willingly observe all the regulations of the school and to uphold the Christian Principles upon which the school operates. All students will sign the following pledge: *I want to be a student at South Texas Christian Academy and I want a Christ-centered education that helps me lead a Christian life. With my actions, my word, and my appearance, I will help to make STCA an excellent school. I will show respect to my teachers, my schoolmates and GOD. I will try my best in my studies. I will obey the rules and cooperate with the staff, and I will show a positive attitude.*
- ❖ **Physical Examination:** Physical Examinations are required for all new students and for all students entering the Pre-K, Kinder, 1st, and 9th grades. The form can be obtained at the doctor's office. This form must be submitted by the last day in August or the student will be excluded from the class until it is received.
- ❖ **Immunization Records:** Texas law requires that no new student be admitted to school without written evidence of immunizations, or a signed exception form. The immunizations records need to be submitted prior to the first day of school.
- ❖ **Birth Certificate or Passport:** This is for verification of age and place of birth. This is used only for the student record purposes.
- ❖ **Foreign Students:** an I-20(SEVIS) will have to be processed in order for the student to enroll at STCA. A valid passport will be required for this process. For fees and additional requirements to qualify for the I-20(SEVIS) contact the school office.

School Year 2019-2020

STUDENT APPLICATION FOR ADMISSION

SECTION A: STUDENT INFORMATION

STUDENT LAST NAME FIRST NAME MIDDLE NAME NAME GOES BY

DATE OF BIRTH BIRTH PLACE, (CITY, STATE) SEX GRADE

SOCIAL SECURITY NUMBER: _____ PASSPORT NUMBER: _____

STUDENT LIVES WITH: ___ BOTH PARENTS ___ FATHER ___ MOTHER ___ GUARDIAN ___ GRANDPARENTS
 ___ AUNT & UNCLE ___ AUNT ___ UNCLE ___ SHARED CUSTODY

SECTION B: PARENT/GUARDIAN INFORMATION

LAST NAME (MOTHER)/GUARDIAN FIRST NAME CELL PHONE/HOME NUMBER WORK NUMBER

LAST NAME (FATHER)/GUARDIAN FIRST NAME CELL PHONE/HOME NUMBER WORK NUMBER

MAILING ADDRESS CITY STATE ZIP CODE

PHYSICAL ADDRESS (IF DIFERRENT FROM MAILING) CITY STATE ZIP CODE

MOTHER'S/GUARDIAN EMAIL ADDRESS FATHER'S/GUARDIAN EMAIL ADDRESS

SECTION C: EMERGENCY CONTACTS

1ST EMERGENCY CONTACT HOME NUMBER CELL NUMBER WORK NUMBER

2ND EMERGENCY CONTACT HOME NUMBER CELL NUMBER WORK NUMBER

3RD EMERGENCY CONTACT HOME NUMBER CELL NUMBER WORK NUMBER

4TH EMERGENCY CONTACT HOME NUMBER CELL NUMBER WORK NUMBER

PARENTAL/GUARDIAN AGREEMENT 2019-20

STUDENT FIRST NAME

LAST NAME

GRADE

STUDENT HANDBOOK

I have received the Student Handbook (2019-2020) and I am aware of STCA's rules and regulations. I agree to be supportive of these rules and regulations and to assist my child in observing the school's rules and regulations. In addition, I agree to supply all information requested by the school in a timely fashion.

PARENT/GUARDIAN INITIALS: _____ **Date:** _____

STUDENT PHOTO PERMISSION

I give permission to publish my child's picture for school advertisement, yearbook, and website. I understand that the student picture will solely be used for promoting students/programs of the school.

PARENT/GUARDIAN INITIALS: _____ **Date:** _____

STUDENT RECORDS RELEASE

In order to admit a new student, STCA will request all records from the last school attended. If the student withdraws from STCA, all fees, and tuition need to be cleared at the treasurer's office before any record, documentation, grades, transcripts, are released to the new school.

PARENT/GUARDIAN INITIALS: _____ **Date:** _____

I, _____ have read all the above statements and have initialed all items that I'm in agreement with.

PARENT/GUARDIAN SIGNATURE

DATE

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STUDENT AGREEMENT

STUDENT FIRST NAME	LAST NAME	GRADE
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1. I **WANT to be** a student at STCA. I will strive to do my best in all that I do: homework, tests, and class/school participation, social and physical activities.
2. I **WILL uphold** the Christian Standards of **STCA** and will respect all religious activities and services ranging from the classroom prayer to Week of Prayer and extracurricular community services. I will not insult, intimidate or ridicule other students who are involved in these activities.
3. I **WILL respect** others: teachers, pastors, staff, visitors and my fellow classmates. I will treat others as I would like to be treated.
4. I **WILL not** provoke or disrespect other students or staff, nor will I disrupt with unbecoming or unnecessary statements or actions. I will display an attitude conducive to classroom learning at all times.
5. I **WILL read** and become familiar with the student handbook and will abide by all of the rules and standards as listed here. I also agree to uphold any other policies that may issued by the school board or staff during the year.

STUDENT PLEDGE:

I, _____ (student name) want to be a student at STCA and want a Christ-centered education that helps me lead a Christian life. With my actions, my words, and my appearance, I will help make South Texas Christian Academy an excellent school. I will show respect to my teachers, staff, my schoolmates, and GOD. I will do my best in my studies. I will obey the rules and cooperate with the staff and teachers by demonstrating a positive attitude.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN COMMITMENT:

I, _____ acknowledge that the education of my child is a partnership involving me, my child and the faculty of STCA. I will uphold and support the principles and standards outlined in this document and the student handbook.

PARENT/GUARDIAN SIGNATURE

DATE

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**Continuing Consent to Treatment & Authorization
To Release Information**

STUDENT FIRST NAME	LAST NAME	GRADE
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I the undersigned parent/guardian of the above noted student a minor, do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of our doctor,

Doctor Name	Address	Telephone Number
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or any other physician that the school may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization.

It is further understood that this consent is given to authorize South Texas Christian Academy or to the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect as long as the student is enrolled at South Texas Christian Academy or until consent is revoked in writing and delivered to the physician named above or to the school entrusted with the custody of the minor. This consent will be used only in the case of an emergency or injury sustained while the student is in the care of the school, i.e., other school related functions when a parent cannot be reached for verbal consent.

I hereby authorize any hospital, physician or other person who has attended or examined the minor to furnish South Texas Christian Academy’s insurance service or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A copy of this authorization shall be considered as effective and valid as the original. The school is not authorized to give students any medication.

Please call Parent/Guardian First
(Parent/Guardian Initials)

No Need to call first
(Parent/Guardian initials)

PARENT/GUARDIAN SIGNATURE	DATE
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SCHOOL YEAR 2019-20

**VEHICLE INFORMATION FORM
(HIGH SCHOOL)**

IF YOU WILL BE DRIVING A VEHICLE TO STCA HIGH SCHOOL CAMPUS PLEASE FILL IN THE FOLLOWING INFORMATION:

STUDENT NAME _____ GRADE _____

DRIVERS LICENSE # _____ **STCA Parking Permit #** _____ DATE ISSUED _____

STATE _____ EXPIRATION DATE _____

LICENSE PLATE # _____ COLOR OF VEHICLE _____

MAKE AND MODEL OF VEHICLE _____

INSURANCE COMPANY AND POLICY # _____

DATE OF BIRTH _____

BRINGING A VEHICLE TO SCHOOL IS A PRIVILEGE. THE VEHICLE IS TO BE USED AS TRANSPORTATION TO AND FROM THE SCHOOL UNLESS THERE IS SPECIFIC PARENTAL PERMISSION FOR OTHER USE ON FILE. NO OTHER THAN THE DRIVERS SIBLINGS ARE TO BE TRANSPORTED UNLESS THERE IS SPECIFIC PARENTAL PERMISSION BY BOTH THE DRIVERS AND THE PASSENGERS PARENTS ON FILE IN THE SCHOOL OFFICE. YOU MUST SIGN IN AND OUT OF THE SCHOOL OFFICE WHEN YOU ARRIVE AND LEAVE THE CAMPUS. FAILURE TO FOLLOW THESE RULES WILL LIKELY RESULT IN REVOKING THE PRIVILEGE TO HAVE YOUR CAR AT SCHOOL. *STCA is a closed campus. Students may not leave during the day unless written and verbal consent has been issued by the parent/guardian.* **NEW* Student will need to purchase a parking permit from the financial office for every vehicle that will be used.**

STUDENT SIGNATURE:  _____ DATE: _____

I, _____ CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT, AND AGREE TO SUPPORT THE ABOVE REGULATIONS FOR MY STUDENT DRIVER.

PARENT/GUARDIAN SIGNATURE:  _____ DATE: _____

SCHOOL YEAR 2019-2020

COMPUTER & INTERNET ACCEPTABLE USE AGREEMENT

ALL STUDENTS WHO USE THE COMPUTERS AND THE INTERNET AT SOUTH TEXAS CHRISTIAN ACADEMY AGREE TO ABIDE BY THE FOLLOWING RULES:

1. Use of the network is intended to support education and research. Users have access to the Internet to facilitate diversity and personal growth in technology, information gathering skills, and communication skills.
2. Access to the Internet is a **PRIVILEGE**. All users will considerate to others.
3. Use of the network for commercial or non-profit purpose is **PROHIBITED**.
4. The username and password that may be assigned to the student is not to be shared or used by anyone other than the student. **VIOLATION** of this **RULE** will result in termination of the account. (**THIS INCLUDES BOTH INTERNET ACCOUNT AND SCHOOL SERVER ACCOUNT.**)
5. Each user is responsible for all material sent and received under the account. **DO NOT** give your password to anyone. **DO NOT** transmit any personal information over the Internet (address, phone numbers, school pictures, school address, etc.) Never arrange to meet in person anyone you contact over the Internet without parental permission.
6. Hate mail, harassment, discriminatory remarks, and other anti-social behaviors are prohibited on the network. Communications on the network must follow general school guidelines.
7. Users will not access or attempt to access unauthorized areas of the school network, including, but not limited to: email accounts (**facebook, twitter, chat rooms etc.**) and administrative records.
8. Downloading programs (**music, pictures, computer backgrounds etc.**) is **FORBIDDEN** without permission from the Systems Administrator. This is vital to the integrity of the network as many viruses are obtained this way.
9. Users will not attempt to engage in any illegal activity.
10. Users will accept the responsibility of keeping copyrighted information of any kind from entering the Internet
11. Users may **NOT** access inappropriate or unauthorized materials, or material that is not consistent with the school mission statement, student handbook, and general beliefs held by the Seventh-day Adventist Church.
12. All communications including email will be accessed and reviewed by the systems administrator.
13. Students are **NOT** Allowed to use computers or access the Internet without supervision and authorization from an STCA Employee.
14. Students are not to install software.
15. CD's, DVD's, programs, software, devices, head phones, computer speakers, projectors, etc. Belonging to South Texas Christian Academy **MAY NOT** be removed from **SCHOOL PREMISES**.
16. Copying copyrighted software is illegal.
17. **Students are not allowed to use headphones, cell phones, smart watches while in class and on campus. For emergency calls; Main office phone is available.**
18. **Uses that violate any of these rules will be subject to discipline as determined by the principal, discipline committee and the STCA School Board. More details are given in the Computer and Internet Use Student Guidelines section in the 2019-2020 STCA Student Handbook.**

Student Acknowledgment:

I have read and agreed to abide by the above guidelines.

Student Signature: _____ Date: _____

Parent Acknowledgment:

I, _____ have read the above guidelines for the computer and internet usage at STCA and give my permission for use of computers and internet access in accordance with the above guidelines.

Parent/Guardian Signature: _____ Date: _____

2019-2020 Southwestern Union Conference- FORM 8008

CONSENT TO TREATMENT

Only designated staff, such as the school nurse, physician, principal, or designated teacher will have access to the completed form. This form will be stored in a locked filed.

This form must be filled out at the beginning of each school year to cover for the activities for the school year.

Student's Name _____

Age _____ Date of Birth _____ Social Security Number _____
Mo. Day Year

Address _____

Parent/Guardian Name _____

Father/Guardian _____
Business Telephone _____ Home Telephone _____ Social Security Number _____

Mother/Guardian _____
Business Telephone _____ Home Telephone _____ Social Security Number _____

Please describe allergies to substances and medication. _____

If on medication, please specify _____ Date of last tetanus shot _____

Please give the name of your local family physicians(s) to be called in case your son or daughter becomes ill or has an accident at school/activity and you cannot be reached.

1. Family Physician _____ Office Telephone _____

Address _____

2. Family Physician _____ Office Telephone _____

Address _____

Hospital Preference _____ Telephone _____

Please give the names of two relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness or accident until you can be reached. In case of any changes in the named persons, notify the school in writing.

1. Name _____ Telephone _____

Address _____

2. Name _____ Telephone _____

Address _____

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached to consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering the service. The authorization is given pursuant to the local state Civil Code.

Signature of Parent or Guardian: _____ Date: _____