

SCHOOL YEAR 2023-2024



SOUTH TEXAS CHRISTIAN ACADEMY

7001 N. WARE RD. MCALLEN, TEXAS 78504

ELEM. & JUNIOR HIGH: 956-682-1117

FAX: 956-682-7398

Dear Parent/Guardian,

Thank you for being interested 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 forms, and registration requirements. You may apply for enrollment now by submitting a completed application packet to the school office. You will be notified of your student's enrollment status upon completing the interview and application process.

Our desire at South Texas Christian Academy is 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 victorious Christian life through a Biblical-based curriculum. We value the opportunity to work with you in developing and educating your child (ren). We are available to answer any additional questions you may have. Don't hesitate to get in touch with us at 956-682-1117 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, nationality, or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate based on race, color, or national and ethnic origin in the administration of 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 agree with the purpose and objectives of the school and live in harmony with its principles.

- ❖ **Age Entrance:** Students need to have turned in 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** for First grade.
- ❖ **School Records:** Upon receipt of school records from the former school. Each new preparatory (*high school*) student must present evidence of completing grades one through eight.
- ❖ **Unpaid Accounts:** Students with unpaid accounts with STCA or another school are not permitted to register until the treasurer has obtained clearance. The finance committee will consider any request for exemption to this policy.

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:

- ❖ **2023-2024 Student Application**
- ❖ **Photocopies:** from the previous school, most recent report card, standardized test scores, and any special education or behavioral evaluations. **These documents can be sent via email to: dleal@stca.ws Attention: Academic Principal**
- ❖ **Consent to Treat Form** and **Parental/Student Agreement Form** completed and signed
- ❖ **Immunization Record:** showing the student is up to date
- ❖ **Copy of Birth Certificate** or **Passport.**
- ❖ **New Students (1st -12th):** Are required to take a reading and mathematics proficiency test.
- ❖ **New Students (1st -12th):** 2 Letters of Recommendation from clergy, teacher, principal, or school counselor/advisor

After this information is received and reviewed, an appointment for an interview with the Head Principal and Academic Principal will be scheduled. The parents/guardians will be notified of the final decision upon completing these steps.

Since the application process can take time and a class may occasionally fill well before the newschool year, we strongly recommend you allow ample time to complete the application process.

Mid-Year Enrollment

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

Grade Placement

STCA reserves the right to determine student grade placement based on evaluation, grades, and testing of the student (current or new enrollee).

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 school's regulations and uphold the Christian principles upon which the school operates.
- ❖ **Physical Examination:** Physical Examinations are required for all new students and all students entering the pre-kinder-12th grade. 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 immunization records need to be submitted before the first day of school.
- ❖ **Birth Certificate or Passport:** This is for verification of age and place of birth, and this is used only for student recording purposes.
- ❖ **Foreign Students:** an I-20 (SEVIS) will have to be processed for the student to enroll at STCA. A valid passport will be required for this process. Contact the school office for fees and additional requirements to qualify for the I-20 (SEVIS).

School Year 2023-2024

STUDENT APPLICATION FOR ADMISSION

SECTION A: STUDENT INFORMATION

STUDENT, LAST NAME, FIRST NAME, MIDDLE NAME, NAME GOES BY

DATE OF BIRTH BIRTHPLACE (CITY, STATE) SEX GRADE

PASSPORT NUMBER: _____

STUDENT LIVES WITH: BOTH PARENTS FATHER MOTHER GUARDIAN GRANDPARENTS'
 AUNT & UNCLE AUNT UNCLE SHARED CUSTODY LEGAL GUARDIANS

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 CITY STATE ZIP CODE

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

SECTION C: EMERGENCY CONTACTS

EMERGENCY CONTACT 1 HOME NUMBER CELL NUMBER EMAIL ADDRESS

EMERGENCY CONTACT 2 HOME NUMBER CELL NUMBER EMAIL ADDRESS

EMERGENCY CONTACT 3 HOME NUMBER CELL NUMBER EMAIL ADDRESS

EMERGENCY CONTACT 4 HOME NUMBER CELL NUMBER EMAIL ADDRESS

SECTION D: CHURCH INFORMATION

CHURCH FAMILY ATTENDS

MEMBERS

STUDENT BAPTIZED

DATE

SECTION E: EDUCATIONAL BACKGROUND

LAST SCHOOL ATTENDED

DATES ATTENDED

LAST GRADE COMPLETED

GRADE APPLYING FOR

HAS A STUDENT EVER BEEN DISMISSED, EXPELLED, OR ASKED TO LEAVE ANOTHER SCHOOL? _____ YES/NO
IF YES, WHY?

SECTION F: STUDENT RELEASE

STUDENTS WILL ONLY BE RELEASED TO THE PARENTS LISTED ON THE REGISTRATION FORM. IF YOU WANT
SOMEONE ELSE TO PICK UP YOUR CHILDREN, PLEASE LIST THEM BELOW.

1.

FIRST NAME	LAST NAME	CELL /HOME/WORK NUMBER	RELATION
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2.

FIRST NAME	LAST NAME	CELL/HOME/WORK NUMBER	RELATION
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3.

FIRST NAME	LAST NAME	CELL/HOME/WORK NUMBER	RELATION
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4.

FIRST NAME	LAST NAME	CELL/HOME/WORK NUMBER	RELATION
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5.

FIRST NAME	LAST NAME	CELL/HOME/WORK NUMBER	RELATION
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6.

FIRST NAME	LAST NAME	CELL/HOME/WORK NUMBER	RELATION
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I, _____ **AUTHORIZE THE ABOVE-LISTED PERSON(S) TO PICK UP
MYCHILD; I WILL NOTIFY THE OFFICE/TEACHER(S) AHEAD OF TIME.**

PARENT/GUARDIAN SIGNATURE

DATE

PARENTAL/GUARDIAN AGREEMENT 2021-2022

STUDENT FIRST NAME **LAST NAME** **GRADE**

STUDENT HANDBOOK

I have received the Student Handbook (2023-2024) 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

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 must be cleared at the treasurer's office before any form, documentation, grades, and transcripts are released to the new school.

↙

PARENT/GUARDIAN INITIALS: _____ Date: _____

I _____ have read the above statements and initialed all items I agree with.

↙

PARENT/GUARDIAN SIGNATURE DATE

SCHOOL YEAR 2023-24

STUDENT AGREEMENT

STUDENT FIRST NAME **LAST NAME** **GRADE**

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 respect all religious activities and services from the classroom prayer to the Week of Prayer and extracurricular community services. I will not insult, intimidate, or ridicule other students involved in these activities.
3. I **WILL respect** others: teachers, pastors, staff, visitors, and my classmates. I will treat others as I would like to be treated.
4. I **WILL not** provoke or disrespect other students or staff or disrupt with unbecoming or unnecessary statements or actions. I will always display an attitude conducive to classroom learning.
5. I **WILL read** and become familiar with the student handbook and abide by all the rules and standards listed here. I also agree to uphold any other policies the school board or staff may issue 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. My actions, words, and appearance will help make South Texas Christian Academy an excellent school. I will respect my teachers, staff, schoolmates, and GOD. I will do my best in my studies. I will obey the rules and cooperate with the team and teachers by demonstrating a positive attitude.



STUDENT SIGNATURE

DATE

PARENT/GUARDIAN COMMITMENT:

I _____ acknowledge that my child's education 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

SCHOOL YEAR 2023-24

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

STUDENT FIRST NAME **LAST NAME** **GRADE**

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

Doctor Name **Address** **Telephone Number**

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

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

This consent shall remain in continuous effect if the student is enrolled at South Texas Christian Academy or until authorization 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, at this moment, authorize any hospital, physician, or another person who has attended or examined the minor to furnish South Texas Christian Academy's insurance service or its representative with all information concerning 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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VEHICLE INFORMATION FORM for STUDENT DRIVERS

IF YOU ARE DRIVING A VEHICLE TO THE **STCA HIGH SCHOOL CAMPUS**, PLEASE FILL IN THE FOLLOWING INFORMATION:

STUDENT NAME	GRADE
DRIVERS LICENSE #	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 SCHOOL UNLESS THERE IS SPECIFIC PARENTAL PERMISSION FOR OTHER USE ON FILE. NO OTHER THAN THE DRIVER'S SIBLINGS ARE TO BE TRANSPORTED UNLESS THERE IS SPECIFIC PARENTAL PERMISSION BY BOTH THE DRIVER AND THE PASSENGERS' PARENTS ON FILE IN THE SCHOOL OFFICE. **FAILURE TO FOLLOW THESE RULES WILL LIKELY RESULT IN REVOKING THE PRIVILEGE OF HAVING YOUR CAR ON CAMPUS.** STCA is a closed campus, and students may only leave during the day if written consent has been issued by the parent/guardian.

STUDENT SIGNATURE: _____ DATE: _____

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

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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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 can access the Internet to facilitate diversity and personal growth in technology, information-gathering, and communication skills.
2. Access to the Internet is a **PRIVILEGE**. All users will be considerate of others.
3. Use of the network for commercial or non-profit purposes is **PROHIBITED**.
4. The username and password that may be assigned to the student are not to be shared or used by anyone other than the student. **VIOLATION** of this **RULE** will result in the termination of the account. **(THIS INCLUDES BOTH AN INTERNET ACCOUNT AND A 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 personal information over the Internet (address, phone numbers, school pictures, school address, etc.) Only arrange to meet in person anyone you contact over the Internet with 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, RENWEB, Google classroom, blackboard, 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 materials inconsistent with the school mission statement, student handbook, and general beliefs held by the Seventh-day Adventist Church.
12. The systems administrator will access and review all communications, including email.
13. Students are **only allowed to use computers or access the Internet with** supervision and authorization from an STCA Employee.
14. Students cannot install software/apps on school devices.
15. CDs, DVDs, programs, software, devices, headphones, computer speakers, projectors, IPADs, chrome books, chargers, etc. Belonging to South Texas Christian Academy **MAY NOT** be removed from **SCHOOL PREMISES**.
16. Copying copyrighted software is illegal.
17. **Uses that violate any of these rules will be subject to discipline as determined by the principals, discipline committee, and the STCA School Board. More details are given in the Computer and Internet Use Student Guidelines section in the 2022-23 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: _____

2023-24 Southwestern Union Conference- FORM 8008

CONSENT TO TREATMENT

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

This form must be filled out at the beginning of each school year to cover 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 prescription, please specify _____ the date of the last tetanus shot _____

Please give the name of your local family physician (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 at this moment support the rendering of such emergency medical service for the student mentioned earlier as shall be necessary for the medical opinion of the doctor rendering the service. The authorization is given under the local state Civil Code.

Signature of Parent or Guardian: _____ Date: _____