



# OMAHA CHRISTIAN ACADEMY

10244 Wiesman Drive  
Omaha, NE 68134  
(402) 399-9565/FAX (402) 399-0248

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## NEW STUDENT APPLICATION

*Please fill in all blanks front and back. Use N/A if not applicable.*

Date \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Goes By \_\_\_\_\_ Social Security # \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Ethnicity \_\_\_\_\_

Grade enrolling \_\_\_\_\_ If previously enrolled at OCA, Year enrolled \_\_\_\_\_

Church \_\_\_\_\_

### Father or Guardian

Last Name \_\_\_\_\_ Title \_\_\_\_\_ First \_\_\_\_\_

Street \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ + \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Relation to student \_\_\_\_\_ Lives with Student (Y/N) \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_

E-mail address \_\_\_\_\_

### Mother or Guardian

Last Name \_\_\_\_\_ Title \_\_\_\_\_ First \_\_\_\_\_

Street \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ + \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Relation to student \_\_\_\_\_ Lives with student (Y/N) \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_

E-mail address \_\_\_\_\_

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*If another party other than a parent is responsible for the tuition payment, please give this information below.*

Last Name \_\_\_\_\_ Title \_\_\_\_\_ First \_\_\_\_\_

Street \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ + \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Relation to student \_\_\_\_\_ Lives with student (Y/N) \_\_\_\_\_

School student last attended \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ + \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Does the student have a chronic illness such as asthma, diabetes, allergies, etc? \_\_\_\_\_ If yes, explain. \_\_\_\_\_

Has the student repeated any grade? \_\_\_\_\_ If yes, explain \_\_\_\_\_

What is the school district of residence? \_\_\_\_\_

Has the student been suspended or expelled from school? \_\_\_\_\_ If yes, explain. \_\_\_\_\_

Describe any physical disabilities that need special attention. \_\_\_\_\_

Please give names and grades of school age children living in the family which are not enrolled in OCA.

Emergency Contacts: (if parents can't be reached)

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Explain why you choose for your child to attend Omaha Christian Academy. \_\_\_\_\_

I understand that photos, videos, etc. of my child may be taken by the school and used for school publicity purposes. If you **do not** grant Omaha Christian Academy the right to use my child's image and name for publicity purposes check this box .

How did you hear about OCA? (Check any that apply.) ( ) Radio \_\_\_\_\_ ( ) Church  
( ) School Family ( ) Newsletter ( ) Phone Book ( ) Advertisement  
( ) Other \_\_\_\_\_

***These steps (forms or records) are needed to complete a New Student Application:***

- |                             |                                            |
|-----------------------------|--------------------------------------------|
| 1. Application Form         | 8. Health/Immunization Records             |
| 2. Statement of Cooperation | 9. Payment Schedule Authorization          |
| 3. Statement of Faith       | 10. Registration Fee Paid (non-refundable) |
| 4. Last Report Card         | 11. Student Questionnaire (high school)    |
| 5. Release of Records       | 12. Pastor Reference Form                  |
| 6. Birth Certificate        | 13. Friend Reference Form                  |
| 7. Interview                | 14. Chronic Illness Form (if applicable)   |

**Notice of Nondiscriminatory Policy As To Students**

The Omaha Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities 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 administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.