



Covenant Family Academy  
725 East 36<sup>th</sup> Street North  
Tulsa, OK 74106

Covenant Family Academy  
2023-2024  
Enrollment and Admission

We are thrilled about your interest in Covenant Family Academy. The academy will begin August 21, 2023, Monday through Friday. The school day starts at 8:00am and ends at 3:00pm.

To begin the admission process:

- Download application.
- Submit application and nonrefundable application fee of \$25.00 with a check or money order by mail to above address.

Next:

- An interview will be scheduled with parents and each enrolled student.
- We will view all documents and inform you of your denial or acceptance into Covenant Family Academy.

Any further questions, you may call the principal, Cynthia Davis, at 918 924-0544.



Covenant Family Academy  
725 East 36<sup>th</sup> Street North Tulsa,  
OK 74106

## Covenant Family Academy Application Form

Date: \_\_\_\_\_

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Child's age \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Gender: \_\_\_ Male \_\_\_ Female

Race/Ethnicity \_\_\_ Black \_\_\_ American Indian \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Pacific Islander \_\_\_ White \_\_\_  
Other

Mailing Address:

Street or Post Office Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State

\_\_\_\_\_ Zip Code \_\_\_\_\_

Address In which school district

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

Birth City \_\_\_\_\_ Birth State \_\_\_\_\_

Last School Attended Name \_\_\_\_\_

Last Completed Grade level \_\_\_\_\_

Last School Attended City \_\_\_\_\_

Last School Attended Withdrawal Date \_\_\_\_\_

Last School Contact Number \_\_\_\_\_

Previous Special Education Placement (Circle one) Yes No

## About Your Child

Has your child ever been in childcare or school before? \_\_\_\_\_

If so, what type (Center, family daycare, grandma, etc.)?

\_\_\_\_\_

Was it a positive experience?

\_\_\_\_\_

Why are you considering Covenant Family Academy School?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your child feel about being left by his/her mommy/daddy?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your normal method of discipline?

\_\_\_\_\_

\_\_\_\_\_

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, strong will, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any food restrictions? \_\_\_\_\_

\_\_\_\_\_

Can your child be relied upon to indicate bathroom wishes?

\_\_\_\_\_

What words does your child uses for:

Bowel movements \_\_\_\_\_

Urination \_\_\_\_\_

Are there any siblings? Please name them and specify ages and gender.

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Has your child had experience playing with other children?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What language(s) are spoken at home?

\_\_\_\_\_

What is your child's favorite activities, toys, books, or games?

\_\_\_\_\_  
\_\_\_\_\_

If there are certain, specific restrictions on who *cannot* pick up your child (due to court injunction, custody agreements, etc.), please list in the blanks below. Please provide copies of legal documents.

Person 1 \_\_\_\_\_ May Not pick up my child

Person 2 \_\_\_\_\_ May Not pick up my child

### **People with Whom Student May Leave:**

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone

Number: \_\_\_\_\_

## Parent, Guardian and Contact Information

### Parent/Guardian #1 (please list parent to be contacted first)

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

Parent OR Legal Guardian (please provide legal documentation)

Address If Different from Student

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Phone If Different from Student \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Do you attend church, and if so, where? \_\_\_\_\_

### Parent/Guardian #2

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

Parent OR Legal Guardian (please provide legal documentation)

Address If Different from Student

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Phone If Different from Student \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Do you attend church, if so, where? \_\_\_\_\_

**Additional Contact** (indicates that this person may be contacted in emergencies and may also pick up student)

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

Relationship \_\_\_\_\_ **Address:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Contact

Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Will you need extended care before and/or after school? \_\_\_\_\_**

**Extended Service Info:**

**Days:**            **Dropoff Times:**            **Pick up Times:**  
Monday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_  
Friday: \_\_\_\_\_

**Medical Information:**

Food Allergies or any type of allergies \_\_\_ Yes \_\_\_ No (if yes describe)  
\_\_\_\_\_

Seizures \_\_\_ Yes \_\_\_ No (if yes describe)  
\_\_\_\_\_  
\_\_\_\_\_

Asthma \_\_\_ Yes \_\_\_ No  
If yes \_\_\_ Inhaler \_\_\_ No inhaler  
Diabetes \_\_\_ Yes \_\_\_ No  
Behavioral \_\_\_ ADD \_\_\_ ADHD \_\_\_  
Other Diagnosis \_\_\_\_\_

List Medications (attach a document if needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any specific medical conditions of which the Academy needs to be aware that was not listed above.  
\_\_\_\_\_  
\_\_\_\_\_

Physician Name: \_\_\_\_\_  
Physician Phone: \_\_\_\_\_  
Dentist Name: \_\_\_\_\_

Dentist Phone: \_\_\_\_\_

**Health Requirements:**

- Student's immunizations
- Copy of shot records

I \_\_\_\_\_ (parent) understand the school's concern for my child's health but currently and until further notice we choose not to vaccinate our children.

Date: \_\_\_\_\_

Does your child have any medical conditions which we should be made aware of?

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Has your child ever experienced the following common childhood illnesses? (*please circle*) Does your child have any problems with

of these?

- Constipation
- Convulsions
- Diarrhea
- Fainting Spells
- Frequent Colds
- Frequent Ear Infections
- Frequent Sore Throats
- Lice
- Ringworm
- Skin Rash
- Soiling
- Stomach Upsets
- Urinary Problem
- Worms

Has your child had any of these diseases? any

- Asthma
- Bronchitis
- Chicken Pox
- Diabetes
- Heart Disease
- Hepatitis
- Impetigo
- Measles
- Mumps
- German Measles
- Polio
- Scarlet Fever
- Tuberculosis
- Whooping Cough

Does your child have any speech, hearing or visual problems?

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Would there be any restrictions to play or physical activities?

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## AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

Student Name: \_\_\_\_\_

If I cannot be reached to make arrangements for emergency medical attention, I authorize Dr. \_\_\_\_\_ or any Physician, surgeon or dentist to administer any emergency treatment, procedure or medicine necessary.

Phone Number: \_\_\_\_\_

I authorize the facility director, school officials, or church officials in charge to secure the use of an ambulance, if necessary, for transporting my child to the hospital or nearest medical facility. I further agree to pay the hospital Doctors, and ambulance service for all services rendered to the student named above. I request that this authorization remain in force for as long as my child is attending or is a student in Covenant Family Academy, and is attending and or traveling to and from school event/s.

If the above arrangement is unsatisfactory, please list the procedures you request CFA to do in case your child is injured or becomes seriously ill while attending.

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Accident Insurance \_\_\_\_\_

Phone Number: \_\_\_\_\_

I hereby state that I have read and understand this authorization.

Parent or Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Photograph & Video Release Form

I \_\_\_\_\_, hereby certify that I am the legal guardian of \_\_\_\_\_ and hereby give permission for images of my child, and those acting in pursuant to its authority to:

- (a) Record his/her likeness and voice on a video, audio, photographic, digital, electronic or any other medium.
- (b) Use his/her name in connection with these recordings.
- (c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, YouTube, Facebook, CFA Website, Internet/WWW) these recordings for any purpose that of Covenant Christian Academy, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I understand that my child's image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product. Additionally, I waive any right to royalties or other compensation arising or related to the use of my child's image or recording.

I understand that all such recordings, in whatever medium, shall remain the property of the Academy.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release Covenant Christian Academy and/or all claims against any person or organization utilizing this material.

Full Name \_\_\_\_\_  
Street Address/P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Parental Consent

**Please check all that apply:**

**Physical Activities:**

I hereby give my consent for my child to participate in physical activities.

\_\_\_\_\_Yes

\_\_\_\_\_No

**Field Trips:**

I hereby give my consent for my child to participate in field trips.

\_\_\_\_\_Yes

\_\_\_\_\_No

I \_\_\_\_\_ (print your name) have read and understand the admission form of Covenant Family Academy. I have completed all documentation of information to the best of my ability. I have not willfully withheld or modified any information to increase my child's opportunity to receive admission into Covenant Family Academy.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date



**COVENANT FAMILY ACADEMY**

**Authority to Transfer Education Records**

Covenant Family Academy  
725 East 36<sup>th</sup> Street North  
Tulsa, OK 74106-1952  
Phone: (918) 924-0544

To: \_\_\_\_\_

School District Agency

\_\_\_\_\_  
Street Address City State Zip Code

In accordance with the Family Education Rights and Privacy Act (FERPA), 34 CFR 99131 transfer of education records is requested for:

\_\_\_\_\_  
Name of Student Grade Birthdate

\_\_\_\_\_  
Parent and/or Authorized Guardian Signature for request of records

Do we need to request for Special Education Records \_\_\_Yes \_\_\_No?

The above student intends to enroll or is enrolled in our school. Therefore, please send records to:

Covenant Family Academy  
725 East 36<sup>th</sup> Street North.  
Tulsa, Oklahoma 74106-1952

### **Nondiscrimination Policy**

Covenant Family Academy does not discriminate based on race, color, national origin, sex, disability or age in its programs and activities.