

**ELVATON CHRISTIAN ACADEMY**  
8422 Elvaton Rd. - Millersville, Md. 21108  
410-647-3224; 410-647-5333

**ADMISSIONS PROCEDURES  
FOR NEW STUDENTS  
CHECK LIST - GRADES K - 8**

**STEP 1**

Turn in the following:

**Grades 1-8**

- \_\_\_\_\_ 1. Completed Student Application with registration fee
- \_\_\_\_\_ 2. Current Report Card
- \_\_\_\_\_ 3. Current Stanford Achievement Test scores
- \_\_\_\_\_ 4. Birth Certificate

**Kindergarten**

- \_\_\_\_\_ 1. Completed Student Application form with registration fee.
- \_\_\_\_\_ 2. Birth Certificate (Kindergarten students must be 5 years old by September 1st.)

**STEP 2**

- \_\_\_\_\_ 1. Schedule appointment with our Administrator.

**STEP 3**

Prior to admission you must complete the following:

- \_\_\_\_\_ 1. Parent(s)/Guardian(s) Statement of Support (Signatures required)
- \_\_\_\_\_ 2. Records Release form
- \_\_\_\_\_ 3. Health Inventory
- \_\_\_\_\_ 4. Emergency Information form

**SURVEY**

How did you first hear about Elvaton Christian Academy?

- \_\_\_\_\_ Chesapeake Family Magazine
- \_\_\_\_\_ Friend
- \_\_\_\_\_ Other: explain \_\_\_\_\_

**KINDERGARTEN ENROLLMENT**

It may be to your child's advantage to hold him back if he has a late birthday. This will be discussed with you after screening.

**ENROLLMENT**

A student is placed on the grade roster after all documents have been received by Elvaton Christian Academy, all fees paid, and tuition arrangements made.



**ELVATON CHRISTIAN ACADEMY  
PARENTS'/GUARDIANS' STATEMENT OF SUPPORT**

**NOTE: Please read the following statements carefully.** If there is any statement you cannot personally support, please initial it and discuss it with us in a personal interview. Generally, your honest inability to commit to any of these support measures would not necessarily prohibit acceptance into Elvaton Christian Academy, however, we want you to know from the start the foundational premises of Elvaton Christian Academy, our parental expectations, and how important it is to have your personal support.

1. We have received and read the student handbook.
2. We are willing to have our children educated in accordance with the "Statement of Doctrinal Beliefs" of the school.
3. We understand that ECA encourages us to regularly and earnestly pray for Elvaton Christian Academy.
4. We understand that ECA strongly encourages us to worship the Lord regularly at a Bible-believing church (as an example to our children).
5. We will fully cooperate in the educational activities of Elvaton Christian Academy by doing our best to make Christian education effective in the lives of our children.
6. We will require our children to support the spiritual activities of the school (Chapel, Bible classes, Scripture memory, etc.).
7. We will pay all of our financial obligations to ECA on or before the date due. If we are ever unable to do so, we will notify the Administrator, giving a reasonable explanation for the delay and stating when payment will be made.
8. We understand that all registration fees are non-refundable and we must give one-month notice before withdrawing from school.
9. We will be faithful to fully attempt to attend all parent functions at ECA.
10. We will volunteer for duties and responsibilities for ECA as opportunities arise and God provides the time and strength.
11. The school reserves the right to place our children at the appropriate grade level and designate the appropriate teacher(s).
12. The school has full discretion in the discipline of our children in accordance with the "dress code policy" and the "discipline policy" as published.
13. The school reserves the right to dismiss any student when either the parents/guardians or the student does not cooperate with the policies of the school.
14. We will be respectful to teachers, staff and others in the school. We understand if we become disrespectful it may result in the suspension or expulsion of my student or students.
15. If we experience difficulties with students other than our own, we will bring the issue to the administration for discussion and resolution. We will not discuss the issue with the student/students involved.
16. If we become dissatisfied with ECA in any way we will strive to resolve the matter with the person(s) involved as privately and lovingly as possible, rather than spreading criticism and negativism. (Matthew 18:15-17; 5:23-24). If we cannot support the school, we recognize it is our responsibility to leave Elvaton Christian Academy and seek a school in alignment with our personal convictions.
17. We will seek to support and advance ECA in every area possible - spiritually, academically, physically, and financially.

Both parents/guardians must sign:

\_\_\_\_\_

Father (Guardian's) Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Mother's (Guardian's) Signature

\_\_\_\_\_

Date

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**8422 Elvaton Road**  
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**RECORDS RELEASE FORM**

STUDENT'S NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Grade \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Please release the following records.

1. Former and current grades
2. IQ and Achievement Test scores
3. Psychological evaluations (if applicable)
4. Health records
5. Other pertinent information

Please release to: **ELVATON CHRISTIAN ACADEMY**  
**Elvaton Baptist Church**  
**8422 Elvaton Road**  
**Millersville, Md. 21108**  
**410-647-3224**

NAME AND ADDRESS OF SCHOOL LAST ATTENDED

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Permission is granted to release the above information

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



Child's Physician or Source of Health Care \_\_\_\_\_ Telephone \_\_\_\_\_

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

Preferred Hospital for Emergency care (if any) \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

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

**Please list all medications your student is currently taking and please update all changes at the office. Medications:** \_\_\_\_\_

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

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM**. Your signature authorizes the responsible person at the center to have your child transported to that hospital.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date