



Freida Lachman
Director of Admissions

Evans Christian Academy

P.O. Box 3085
Evans, GA 30809
706-364-3565

EvansChristianAcademy@yahoo.com
www.EvansChristianAcademy.org



Kathryn Nave
Principal

Dear Parents,

Thank you for your interest in Evans Christian Academy. Evans Christian Academy (ECA) is a non-profit, educational institution whose skilled instructors focus on providing students in the Augusta and surrounding area with excellent academic opportunities in a nurturing Christian environment. It is our mission for each student to expand his unique and varied talents in order to achieve his full potential as a well-rounded citizen in our ever changing community. In support of this mission, we seek to provide a professional workplace of integrity and excellence for our faculty and staff as well as a learning environment for our students that are enriched by the collaborative efforts of parents, faculty, and administration.

The comprehensive purpose of ECA is to provide a non-discriminating Christian education for grades 6th-12th with a positive environment based on a college semester schedule. ECA provides complete academic programs for full-time students and part-time, home schooled students. ECA has nurtured students to become young adults able to compete for the college of their choice. However, the classes and faculty are not equipped or specially trained to facilitate children with certain medical conditions and learning disabilities. If students diagnosed with these conditions are accepted into ECA, it is the parents' responsibility to provide services and additional help as needed other than what is provided.

Enclosed in this packet, please find an application, tuition and fee schedule and additional information to help you become more familiar with ECA. ECA admits qualified students of any race, color, biological gender, or ethnic origin to all rights, privileges, programs, and activities. Students are accepted on academic and behavioral probation for the first semester. The application information is vital for us to have in order to help your child in our school setting. All information will be treated confidentially. Please answer fully (use a separate sheet of paper if necessary) and to the best of your ability.

To apply, the following must be completed and supplied to the school administration:

- A complete student application
- Official School Release Form
- Copy of Student's Birth Certificate
- Certificate of Immunization on GA Form 3231
- Copy of any educational, psychological, medical, or IEP report as a result of testing
- Student's most current report card
- Student's most current achievement test scores
- All foreign exchange students who attend our school on an I20 will have an application fee of \$250 non-refundable (per student)
- The application fee of \$25 should accompany each child's application (non-refundable)
- If divorced, please include a copy of the current divorce decree outlining custody arrangements

After receiving the application, you will be contacted to schedule a family interview. If accepted, a completed ECA contract agreement, registration fee, and new family endowment fee must be received in order for a student to be officially enrolled. A student will be officially enrolled and may begin school only when all the above steps are completed and all required forms are submitted. Completion of the application does not assure final enrollment but provides information upon which the decision regarding acceptance will be based.

Sincerely,
Freida Lachman, Director of Admissions



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APPLICATION FOR STUDENT ADMISSION

Grade Applying For _____ Full-time (4 credit hours or more) or Part-time (3 credit hours or less)

Student Information

Student's legal name _____
First Middle Last Preferred name

Street address _____ Home phone (_____) _____

City _____ State _____ Zip _____ Cell Phone (_____) _____

Student's e-mail _____

Date of Birth: ____/____/____ Social Security #: _____

Race/Ethnicity: _____ Sex: _____ Student currently resides with _____

Current or last school attended _____

School address _____ City, State, Zip _____

School phone _____

Parent Information

Father's legal name _____
First Middle Last Preferred name

Street address _____ Home phone (_____) _____

City _____ State _____ Zip _____ Cell Phone (_____) _____

E-mail address _____

Employer _____ Occupation/position/title _____

Bus. phone _____ Name of place of worship _____

Level of education _____ Legal Guardian of the student? _____

Mother's legal name _____
First Middle Last Preferred name

Street address _____ Home phone (_____) _____

City _____ State _____ Zip _____ Cell Phone (_____) _____

E-mail address _____

Employer _____ Occupation/position/title _____

Bus. phone _____ Name of place of worship _____

Level of education _____ Legal Guardian of the student? _____



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Student Background

1. What, if any, extracurricular activities have the student been involved in?

2. Has the student ever repeated a grade/subject? _____ What grade? _____

Explain: _____

3. Has the student ever been referred to the office for discipline purposes? _____

Explain: _____

4. Has the student ever been suspended or expelled from school? _____ When? _____

Explain: _____

5. Has the student ever been tested for the following: (If tested, please attach copy of the results)

A. Educationally for learning disabilities? Yes _____ No _____ If yes, when and for what reason:

B. Psychologically? Yes _____ No _____ If yes, when and for what reason:

C. Medically (that would affect academics)? Yes _____ No _____ If yes, when and for what reason:

6. Has the student ever been convicted of a crime or arrested? _____

Explain: _____

7. Has the student been tutored outside the regular classroom setting during the current or previous school year? If yes, please explain.

8. Does the student have any emotional or behavioral issues or disabilities? If yes, please explain.

9. Please list the student's medical conditions. _____

10. Are there any characteristics or habits that you would like to have the school help to strengthen or change? _____

11. Why do you want the student to attend ECA?



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Please initial where appropriate:

_____ Permission is hereby given to use my child's name, likeness, image, voice, appearance, and/or performance in all forms of publicity releases, whether internally or externally, including the media.

_____ Permission is hereby given to use my family's name, address, e-mail, and phone numbers in school directories.

_____ Permission is hereby granted for my child to participate in all school activities of the school which are appropriate for their age.

This application may only be submitted by the custodial parents or legal guardian of the applicant. It is understood that parents or guardians assume the responsibility for payment of all fees applicable to each school year, should their child be enrolled. The signatures below also certify that the student is of good character, agrees to abide by the regulations of the school, and to uphold the Evans Christian Academy Student/Parent Handbook. Course placement is determined where the child is most apt to be enriched and successful.

Signature of Parent/Guardian & Student

Signature of Primary Parent or Guardian

Date

Printed Name

Signature of Secondary Parent or Guardian

Date

Printed Name

Signature of Student

Date

Printed Name

Evans Christian Academy admits students of any race, color, national and ethnic origin, and biological gender 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 the educational policies, admissions policies, scholarship and loan programs, athletics and other school administered programs.