



STUDENT APPLICATION

SCHOOL YEAR: _____

OFFICE USE ONLY

Date Received: _____

Appl. Fee Pd: _____

Cash/Check #: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Latest Standardized Testing | <input type="checkbox"/> Copy of S.S. Card |
| <input type="checkbox"/> Financial Agreement | <input type="checkbox"/> 2 Letters of Recommendation | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> Request for Records | <input type="checkbox"/> Testing | <input type="checkbox"/> Form #3300 (Ear, Eye, Dental) |
| <input type="checkbox"/> Parental Agreement | <input type="checkbox"/> Interview | <input type="checkbox"/> Custody Agreement |
| <input type="checkbox"/> Current Report Card | <input type="checkbox"/> Copy of Birth Certificate | <input type="checkbox"/> Divorce Decree |

Acceptance:

The application will be reviewed in its entirety when the file is complete. It is the responsibility of the applicant to ensure that all materials have been received. An incomplete file cannot be reviewed. You will be contacted to schedule testing and interview. The responsibility of the Admissions Committee is to determine if the child can be successful as a CCA student. You will be notified by mail of final acceptance.

STUDENT INFORMATION

Student's Name: _____
(underline name student prefers)

Address: _____ Home Phone #: _____

City: _____ State: _____ County: _____ Zip: _____

Birth Date: _____ Place of Birth: _____

Grade to enter: _____ Male: _____ Female: _____ Social Security #: _____

FAMILY INFORMATION

(Notify school office as changes occur)

Father's full legal name: _____ Occupation: _____

Employer: _____ Work Phone #: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

What church is the father a member of: _____

Address if different from student's: _____

Mother's full legal name: _____ Occupation: _____

Employer: _____ Work Phone #: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

What church is the mother a member of: _____

Address if different from student's: _____

How did you hear about us? _____

Email addresses are required for RenWeb access

First language: _____ Language spoken at home: _____

Is at least one parent fluent in English? ___ Yes ___ No

Is the child a US citizen or have a student Visa? _____

Is the student fluent in English (verbally & written)? ___ Yes ___ No

Do you have any siblings at CCA? ___ Yes ___ No Name(s) _____

School Attended Last Year: _____

Was the student allowed to re-enroll in the previous school? _____ If no, please explain: _____

Did the student fail any classes the previous year? _____ If yes, please explain: _____

If registering mid-year, is the student currently failing any classes? _____ If yes, please explain: _____

Has the student ever repeated a grade? _____ If yes, please explain: _____

Has the student ever skipped a grade? _____ If yes, what grades? _____

Does the student have any learning difficulties? _____ If yes, please explain: _____

Has the student ever been professionally tested for one of the following: ADD/ADHD, SLD, Language Development, Hearing, Vision, Speech or any other: _____ If yes, discuss the results and include a copy of the IEP and/or psycho-educational report: _____

Has the student ever been enrolled in a special program or special education program (ADD, LD, gifted, speech, etc.)? _____ If yes, please explain: _____

Has the student ever been arrested? _____ If yes, please explain: _____

Has the student ever been suspended from school? _____ If yes, please explain: _____

Has the student ever been expelled from school? _____ If yes, please explain: _____

Has the student had a behavioral problem? _____ If yes, please explain: _____

Student's extracurricular interest, achievements, musical instruments played: _____

Permission for child's name and/or picture to be used on our website & published material? ___ Yes ___ No

EMERGENCY INFORMATION

Physician: _____ Phone#: _____

Person other than parents to notify in case of emergency:

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Permission is given to school official to seek appropriate medical attention for the above named student in the event of an emergency. ___ Yes ___ No

CHURCH INFORMATION

Name of church: _____ Pastor: _____

Parent Member: ___ Yes ___ No / Student Member: ___ Yes ___ No / Active: ___ Yes ___ No

SPECIAL INFORMATION

Are there any special instructions regarding adoption, sickness, allergies, physical difficulties or other situations that the school should know? If yes, please explain. _____

Please list the names, addresses, phone numbers and relationship of people other than parents authorized to pick up your child from school: *(phone numbers must be included)*

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship to Student</u>
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In case of divorce, separation, etc., please provide the following information:

Person(s) who has legal custody of child: _____

Address: _____

Home Phone #: _____

Cell Phone #: _____

The school will provide equal access to both parents for any school reports unless there is a copy of any legal separation or divorce papers on file at CCA.

Are there any restrictions on the non-custodial parent? _____ If yes, explain and include a copy of court papers. _____

Child lives with: **Mother** **Father** **Other:** **Name** _____

Address: _____

Phone #: _____

Parent Signature: _____

Parental Commitment / Agreement

In making the application for the registration of my child, I understand and agree that:

1. The application / testing fee is non-refundable.
2. The following factors are considered in the approval process of each application for the registration at CCA:
 - a. Achievement level as indicated by the entrance examination.
 - b. Conduct and attitude of the student(s).
 - c. Family's commitment to support the school program through complying with school policies, requirements and rules set forth by the school as now and hereafter in effect.
 - d. Student's willingness to comply with CCA entrance requirement forbidding student use of tobacco, marijuana, alcoholic beverages or any illegal drugs at school, at home or off campus.
3. I will be responsible for and punctual in making regular tuition payments for each month that the child is enrolled for a day or more. **I agree to all the financial policies described in the student handbook.**
4. The school administration has full authority in placing my child in the proper grade level.
5. The school has full discretion in the classroom discipline of my child.
6. I understand that the school reserves the right to expel any student whose parents or guardians fail to cooperate with the school administration.
7. I understand that as a part of enrollment, I am giving permission for my child to attend all school-sponsored field trips.
8. I will be responsible for my child being in full compliance with the dress code of CCA.
9. I will support the mission of CCA by participating in the Spring Festival and all fund raising efforts.
10. I will actively participate in parent/teacher meetings and/or conferences.

I have read the above Parent Agreement and agree to support the school by requiring my child to obey all school policies, requirements and rules as now and hereafter in effect. I have read the student handbook and agree to comply with the policies set forth in it.

Date: _____ Parent signature: _____

STUDENT AGREEMENT: (Required only for student in grades 4th – 12th)

I understand that my attendance at CCA signifies that I pledge to agreeably abide by all policies, requirements and rules set forth by the school as now and hereafter in effect.

Date: _____ Student signature: _____

