

Application for Fall/Spring of _____ Applying for Grade _____

Applicant's Name _____
Last First Middle Preferred Name

Street _____ Apt. _____

City _____ State _____ Zip _____ Phone _____

Date of Birth _____ Social Security# _____ Male Female

Ethnic background: African-American Hispanic Caucasian
 American Indian Other

Applicant lives with (check all that apply): Mother Father Legal Guardian
 Stepmother Stepfather Other

Applicant's parent(s) Married Separated Divorced Deceased Other _____

If divorced, which spouse holds legal responsibility for school decisions? _____

Please submit copies of all sort documents regarding custody and educational decisions along with the application.)

Denomination preference: Non-Denominational Presbyterian
 Baptist Catholic
 Methodist Other

Current Church _____

CCA Affiliation: CCA Staff CCA Family New Applicant
 CCC Staff Returning Student Have Applied Before

FATHER'S INFORMATION

Dr. Mr. Relationship to Applicant: Father Stepfather Legal Guardian

Parent/Guardian _____
Last First Middle Preferred Name

Home Address _____ CSZ _____

Home Phone (_____) _____ Cell Phone (_____) _____ Business Phone (_____) _____

Place of Employment _____ Position _____

Business Address _____ CSZ _____

Email _____

MOTHER'S INFORMATION

Dr. Mrs. Ms. Relationship to applicant: Mother Stepmother Legal Guardian

Parent/Guardian _____
Last First Middle Preferred Name

Home Address _____ CSZ _____

Home Phone (_____) _____ Cell Phone (_____) _____ Business Phone (_____) _____

Place of Employment _____ Position _____

Business Address _____ CSZ _____

Email _____

Other children in the family:

Name _____ Date of Birth _____ Grade _____ School _____

Name _____ Date of Birth _____ Grade _____ School _____

We first learned of CCA through _____ Internet _____ Realtor _____ Church _____ Telephone Book
_____ Newspaper/Magazine Other _____

The factors most influencing us to apply to CCA :

_____ Academic Reputation _____ Christian Teachings _____ Desire to attend a Private School _____ Displeased with local school
_____ Location _____ Recommendations from CCA families _____ Strength of Extracurricular Programs

Emergency Contact

Name of Child's Doctor _____ Phone _____
Address _____ CSZ _____
Name of Child's Dentist _____ Phone _____
Address _____ CSZ _____
Insurance Carrier _____ Policy# _____

People Authorized to act for Parent in Case of Emergency

Name _____ Relationship _____
Home _____ Work _____ Cell _____
Name _____ Relationship _____
Home _____ Work _____ Cell _____
Name _____ Relationship _____
Home _____ Work _____ Cell _____

List of Persons to Whom the Child Can Be Released

Name _____ Relationship _____
Home Phone _____ Work Phone _____
Name _____ Relationship _____
Home Phone _____ Work Phone _____
Name _____ Relationship _____
Home Phone _____ Work Phone _____
Name _____ Relationship _____
Home Phone _____ Work Phone _____
Name _____ Relationship _____
Home Phone _____ Work Phone _____

Applicant's current school and other school(s) applicant has attended:

Name of School	Location	Grade(s)	Date
Name of School	Location	Grade(s)	Date

Is this applicant eligible to return to his/her current school? Yes No
 Has your child ever been suspended from any school or asked to leave? Yes No
 Please explain: _____

I/We hereby authorize CCA to obtain all scholastic informational and files from all previous schools
 Yes No
 Has the applicant received special help for reading or learning difficulty? Yes No
 Has the applicant been diagnosed with ADD or ADHD? Yes No
 Has the applicant ever been retained? Yes No
 Is the applicant presently taking any medication? Yes No If Yes, explain _____

Describe any illness, diseases or physical disabilities that either have affected or may affect your child's general health or schoolwork. Are there currently any behavioral, psychological or educational evaluations, treatments or interventions?

Please include your parental perspective on your child. Include your child's strengths and abilities, special interests, areas of concern and his/her relationship with God. We appreciate your assistance in helping us to know your child better.

Photo/Media Release

Pictures taken of my child in any activity groups at Community Christian Academy may be used for the purpose of publicity (i.e. newspaper, television, posters, internet or in picture presentations) at the school's discretion.

Parent/Guardian Signature **Date**

Travel & Activity Authorization

I give Community Christian Academy permission for my child to take part in all school activities, including bus trips, sports activities, and school-sponsored trips away from school premises. Moreover, I absolve Community Christian Academy of any liability to me or my child of any injury at school or during any school activity.

Parent/Guardian Signature **Date**

Legal actions

Should any legal action, for any reason, be taken against Community Christian Academy or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Community Christian Academy or its agent should incur to defend itself against such action.

Parent/Guardian Signature **Date**

Non-Discriminatory Policy

Community Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded to or made available to students at the school. The school does not discriminate on the basis of race, color, national or ethnic origin in administration of its education, admission policies, tuition assistance and other school-administered programs.

Please attach a current family photograph with your application.

As the parent(s) or guardian of the student applicant named hereinbefore, I/we state that we have read and agree with the Mission of Community Christian Academy and agree that upon acceptance of the herein named student, I/we will pledge ourselves to work with staff, administration and faculty within these statements to the betterment of our student, and to assist and cooperate with the school in the Christian education of my/our child. I understand that the enclosed application fee is non-refundable. I further understand and acknowledge that continue enrollment of my/our child, if admitted to school, shall be subject to the payment of all fees and charges set forth on the schedule of fees as periodically amended by Community Christian Academy and my/our child's compliance with the code of conduct and policies established by CCA.

Father/Guardian **Date** **Mother/Guardian** **Date**

This application must be completed in its entirety on the behalf of all students seeking admission to Community Christian Academy. It is to be returned, with the non-refundable Application Fee, to the school office or mailed to:

Community Christian Academy
PO Box 968
Greenville, NC 27834