## For Office Use Only Date Received Tour date Interview FACTS ACCT Registration fee K Testing Notice of Enrollment Immunization Rec

STUDENT INFORMATION



Kndrgn #
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2017-2018

## Elementary Application for Admission (Kindergarten – 5<sup>th</sup> Grade)

PLEASE NOTE: All questions with "\*" on this form must be answered. An incomplete application will result in a delay in processing and enrollment.

*Date of Application//	* Grade Applying For:	*Gender:	M F
*Student's Full Name: Last	,	, Middle	
Last	11130	Middle	
*Date of Birth:/	Social Security Number:	<del></del>	
*Home Address:			<i>-</i>
Street Address	City	State	Zip Code
FAMILY INFORMATION			
*Student lives with:			

Stieet Address	City	State	Zip Code
FAMILY INFORMATION			
	other & Step-Father Father Fath olds Grandparent(s) Guardian	-	ner
*Primary Contact Parent/Guardian Name:		rst	
*Relationship to student:			
*Marital Status: Married Widowed	Divorced Single Remarried	Separated	
*Cell Phone ()	*Work Phone ()		
*Home Address: (if different than student)			
*Email:	Employer:		
~~~~~~ Second Contact Parent/Guardian Name:	,		
Relationship to student:	First		
Marital Status: Married Widowed	_ Divorced Single Remarried S	Separated	
Cell Phone () Work	Phone ()		
Home Address: (if different than student)			
Email:	Employer:		

TRANSPORTATION INFORMATION	
	*Township of Residence
_	g for CCA students: Carlisle, South Middleton, Big Spring, CV and West Perry.
*Does your student ride the bus now?	
*Will your student ride the bus to and from	CCA? Yes No
EXTENDED CARE INFORMATION	
-	nild care we offer Before and After School Care for an additional fee.
See our website: Carlislechristian.org for more i	
*Will your student need Before and/or Afte	
If Yes* – please indicate what your need wi	Il be:
Before (6:30-7:30 <b>AM</b> )	After (2:50-5:30 <b>PM</b> ) Both
These individuals should be locally available	by be released if CCA is unable to contact you. If none please indicate with N/A. e and able to transport students. Any changes to this list must be submitted CA will require photo identification prior to releasing a student to anyone other than a
Name	Name
Relationship to student	
Primary Phone	
Alternate Phone	
Name	Name
Relationship to student	
Primary Phone	Primary Phone
Alternate Phone	
recommended dosage (OTC) or instructed of cannot be reached, the undersigned parent anesthetic, medical, or surgical treatment a his/her office or a licensed hospital. This au official of the school to give consent for such the Student Handbook related to Health Se	isle Christian Academy to administer medications provided by the parent according to the dosage (prescription). In the event of an emergency, if a parent or emergency contact its or guardians authorize a representative of CCA to consent to any required X-rays, and hospital care deemed advisable by any licensed physician or surgeon, whether in authorization is given in advance of any required care to empower a representative or the treatment as the physician may deem necessary. We have also reviewed the policies in rvices including section 7.3 titled "Nut/Peanut Allergens." Please read section 5.2 of the child's prescriptions. The handbook is available online.
*Primary / Guardian signature	Second / Guardian signature
PRIMARY CARE PHYSICIAN:	Phone:
	ur child to participate in all school activities, including sports and school-sponsored osolve Carlisle Christian Academy from all liability to us or our child due to any injury trip.

\*Primary / Guardian initials Second / Guardian initials

*IN-SCHOOL MEDICAL INFORMATION
*Is your student up-to-date with his/her immunizations?Yes No List any medications:
*Does your student have an illness or disability that affects his/her ability to function normally in the classroom?YesNo
If Yes,* please explain
*Please indicate what Over The Counter (OTC) medications your student may have: *Please X all that are allowed:
Tylenol (Acetaminophen) Advil (Ibuprofen) Benadryl Pepto-Bismol Tums Cough drops
List all allergies including drug and seasonal allergies:
*Photo and Video Release Throughout the school year, there may be times when CCA staff, the media, or other organizations, with the approval of the school principal, may take photographs of students, audiotape/videotape students, or interview students for school-related stories. Those photographs and/or audio/videotaped images or interviews may appear in publications; in video productions; on the Web site; or in the news media. I hereby give permission to CCA to use my child's photograph and/or videotaped image for the purposes mentioned above. I understand and agree that CCA may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the school principal in writing. I also give CCA permission to allow my child to be photographed, audio/ videotaped, or interviewed by the news media or other organizations for school related stories or articles.
*Primary / Guardian initials Second / Guardian initials
*SCHOOL INFORMATION
Last School Attended:*Grade Completed Address (if known)
*Has your child ever been tested for or needed educational/emotional support? Yes No
If Yes, please explain:
*Has your child ever been dismissed, disqualified, or asked to withdraw from a school?Yes No  If Yes, please explain:
*Has your child ever been placed on disciplinary or academic probation? Yes No
If Yes, please explain:
*CONTACT PERMISSION  *TEXT MESSAGES: Our school administrator/staff may need to contact you at times regarding individual or school information.  Please sign here to give us permission to send text messages to your cell phone(s).
*Primary / Guardian initials Additional phone
*SCHOOL DIRECTORY: Your contact information is included on RenWeb when your child(ren) are enrolled at CCA. You have the option to make this information available or not to the entire CCA family.  Please sign here to give us permission to make your information available in the CCA directory.
*Parent / Guardian initials
*To DECLINE: I would prefer my information NOT be made available in the CCA directory.

## VOLUNTEERING

*We appreciate it when our parents/family members are able to he our Fall Auction or other events throughout the year.	elp out. Please let us know if you are interested in volunteering to help with
Yes! I will help Name:	Best way to reach me is:
No, I'm sorry I won't be able to help at this time.	
*PARENT / GUARDIAN SURVEY  *What was the most significant factor influencing your decise.	sion to enroll your student at Carlisle Christian Academy?
Pastor's reference Open House / Camp Website Info Parent's decision	ous Visit Friend / Relative Attends CCAOther factor:
Do you attend church regularly? Yes No Church What is your definition of a Christian?	າ you attend:
education. I agree to my child learning the lessons of the Ho	n the Student Handbook, and the impact it will have on my child's oly Bible and understand that each student will be individually educate I work with others at home, in the church, and in our changing society
*Primary / Guardian initials Second / Guardian initials	
**By signing this application, I confirm that all answers the school's guidelines as written in the Student Handk	s and information are true and accurate and I agree to follow book (available online) and to abide by all school rules.
*Primary / Guardian signature	
Second / Guardian signature	 Date

Pg 4 Revised 4/2016