

For Office Use Only

Date Received _____
Tour date _____
Interview _____
FACTS ACCT _____
Registration fee _____
K Testing _____
Notice of Enrollment _____
Immunization Rec _____



Kndrgrn # _____

2017-2018

Elementary Application for Admission (Kindergarten – 5th Grade)

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

STUDENT INFORMATION

*Date of Application ____/____/____ * Grade Applying For: ____ *Gender: M ____ F ____

*Student's Full Name: _____
Last First Middle

*Date of Birth: ____/____/____ Social Security Number: ____-____-____

*Home Address: _____
Street Address City State Zip Code

FAMILY INFORMATION

*Student lives with:

___ Both Parents ___ Mother ___ Mother & Step-Father ___ Father ___ Father & Step-Mother
___ Both Parents in Different Households ___ Grandparent(s) ___ Guardian ___ Host Family

*Primary Contact Parent/Guardian Name: _____
Last First

*Relationship to student: _____

*Marital Status: ___ Married ___ Widowed ___ Divorced ___ Single ___ Remarried ___ Separated

*Cell Phone (____)-____-____ *Work Phone (____)-____-____

*Home Address: (if different than student) _____

*Email: _____ Employer: _____

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Second Contact Parent/Guardian Name: \_\_\_\_\_  
Last First

Relationship to student: \_\_\_\_\_

Marital Status: \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Single \_\_\_ Remarried \_\_\_ Separated

Cell Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Work Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Home Address: (if different than student) \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_



**\*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?  Yes  No

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.

\_\_\_\_\_  
\*Parent / Guardian Initials

**VOLUNTEERING**

\*We appreciate it when our parents/family members are able to help out. Please let us know if you are interested in volunteering to help with our Fall Auction or other events throughout the year.

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 decision to enroll your student at Carlisle Christian Academy?

\_\_\_\_ Pastor's reference    \_\_\_\_ Open House / Campus Visit    \_\_\_\_ Friend / Relative Attends CCA  
\_\_\_\_ Website Info    \_\_\_\_ Parent's decision    \_\_\_\_ Other factor: \_\_\_\_\_

Do you attend church regularly? \_\_\_\_ Yes \_\_\_\_ No Church you attend: \_\_\_\_\_

What is your definition of a Christian?  
\_\_\_\_\_  
\_\_\_\_\_

**\*Statement of Faith**

I have read and understood the school Statement of Faith, in the Student Handbook, and the impact it will have on my child's education. I agree to my child learning the lessons of the Holy Bible and understand that each student will be individually educated using their own unique abilities and personalities to live and 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 and information are true and accurate and I agree to follow the school's guidelines as written in the Student Handbook (available online) and to abide by all school rules.

\_\_\_\_\_  
\*Primary / Guardian signature    Date

\_\_\_\_\_  
Second / Guardian signature    Date