

## 2018-2019

## Middle and High School Application for Admission (6<sup>th</sup> – 12<sup>th</sup>)

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

OFFICE use only
Date received
Tour Date
INTERVIEW
FACTS ACCT
Registration fee paid
Transfer forms
Medical forms
Notice of Enrollment
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## STUDENT INFORMATION

*Date of Application	/	*Grade Applying For:	*(	Gender: M F_	
*Student's Full Name	:				
	Last	First		Middle	
*Date of Birth:	_/	Social Security	Number:	<del>-</del>	(optional)
*Primary Residence:	Street Address	,,		, Zip Code	
FAMILY INFORMATIO	N				
		Nother & Step-Father nolds Grandparent(s)		<u> </u>	
*Primary Contact Par		ast		, First	
*Relationship to stud	ent:				
		Divorced Single Work Phone (			
*Email:		Employer: _			
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ Secondary Contact Pa	arent/Guardian Name:			,	
	nt:	Last		First	
		Divorced Single	_ Remarried	Separated	
Cell Phone ()-	<del>-</del>	Work Phone (	)		
Home Address: (if dif	ferent than student)				
Fmail:		Employer:			

## TRANSPORTATION INFORMATION Please answer **ALL** guestions \*School District of Residence \*Township of Residence The following school districts provide busing for CCA students: Carlisle, South Middleton, Big Spring, CV and West Perry \*Does your student ride the bus now? \_\_\_\_\_Yes \_\_\_\_\_ No \*Will your student ride the bus to and from CCA? \_\_\_\_\_ Yes \_\_\_\_ No **EXTENDED CARE INFORMATION** AM (6:30-7:30) \$803/yr \$110/mo To help our families who need additional child care we offer Before and After School Care. PM (2:30-5:30) \$1095/yr \$135/mo \*Will your student need Before and/or After school care? \_\_\_\_\_ Yes \_\_\_\_\_ No Both AM& PM \$1525/yr \$180/mo If Yes\* – please indicate what your need will be: To pay per day: AM \$15/day PM \$26/day FULL \$44/day \_ Before (6:30-7:30 **AM**) \_\_\_\_\_ After (2:30-5:30 **PM**) \_\_\_\_\_ Both Payments made with FACTS acct \*Student Release Authorization List the individuals to whom your child may be released if CCA is unable to contact you. These individuals should be locally available and able to transport students. Any changes to this list must be submitted in writing to CCA with a parent signature. CCA will require photo identification prior to releasing a student to anyone other than a parent. Name Relationship to student \_\_\_\_\_ Relationship to student \_\_\_\_\_ Primary Phone \_\_\_\_\_ Primary Phone \_\_\_\_\_ Alternate Phone Alternate Phone Name \_\_ Name Relationship to student \_\_\_\_\_ Relationship to student \_\_\_\_\_\_ Primary Phone Primary Phone Alternate Phone Alternate Phone \_\_\_\_\_\_ \*Medical Authorization By signing below, we hereby authorize Carlisle Christian Academy to administer medications provided by the parent according to the recommended dosage (OTC) or instructed dosage (prescription). In the event of an emergency, if a parent or emergency contact cannot be reached, the undersigned parents or guardians authorize a representative of CCA to consent to any required X-rays, anesthetic, medical, or surgical treatment and hospital care deemed advisable by any licensed physician or surgeon, whether in his/her office or a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of the school to give consent for such treatment as the physician may deem necessary. We have also reviewed the policies in the Student Handbook related to Health Services including section 7.3 titled "Nut/Peanut Allergens." Please read section 5.2 of the Student Handbook before bringing in your child's prescriptions. The handbook is available online. \*Primary / Guardian signature Second / Guardian signature Date Date \*PRIMARY CARE PHYSICIAN\_\_\_\_\_ Phone \*Travel, Trip, and Activity Permission By signing below, we give permission for our child to participate in all school activities, including sports and school-sponsored trips away from the school premises. We absolve Carlisle Christian Academy from all liability to us or our child due to any injury resulting from any school activity, event, or trip.

Second / Guardian signature

Date

\*Primary / Guardian signature

*In-school MEDICAL INFORMATION *Is your student up-to-date with his/her imm	nunizations?YesNo List any	medications:
*Does your student have an illness or disabili If Yes,* please explain	ty that affects his/her ability to function n	ormally in the classroom?YesNo
*Please indicate what Over The Counter (OTC	C) medications your student <b>may</b> have: *P	lease X all that are allowed:
Tylenol (Acetaminophen) Advil		
List all allergies merdaling and a dia seasonal a	mergies	
*Photo and Video Release Throughout the school year, there may be tir school principal, may take photographs of st stories. Those photographs and/or audio/vid on the Web site; or in the news media. I here for the purposes mentioned above. I underst subsequent school years unless I revoke this to allow my child to be photographed, audio, related stories or articles.	udents, audiotape/videotape students, or eotaped images or interviews may appear eby give permission to CCA to use my child and and agree that CCA may use these phoauthorization by notifying the school princ	interview students for school-related in publications; in video productions; l's photograph and/or videotaped image otos and/or videotaped images in cipal in writing. I also give CCA permission
*Primary / Guardian signature	Second / Guardian signature	Date
*TEXT MESSAGES: Our school administrator, Please sign here to give us permission to send *Primary / Guardian signature		garding individual or school information.
*SCHOOL DIRECTORY: Your contact informa	ution is included on RenWeb when your ch	ild(ren) are enrolled at CCA. You have
the option to make this information available Please sign here to give us permission to make	or not available to the entire CCA family.	
*Primary / Guardian signature	Second / Guardian signature	Date
*To DECLINE: I would prefer my information	NOT be made available in the CCA director	γ.
*Primary / Guardian signature	Second / Guardian signature	Date
*School Information *Last School Attended:	*Grade Co	ompleted
Address (if known)		
*Has your child ever been tested for or need	ed educational/emotional support?	Yes No
If Yes, does your child have an IEP		
*Has your child ever been dismissed, disquali If Yes, please explain:	fied, or asked to withdraw from a school?	Yes No
*Has your child ever been placed on disciplin	ary or academic probation? Yes	No

If Yes, please explain:

*STUDENT Input (to be completed by the student)						
*What was the most significant factor influencing your decision to attend Carlisle Chris						
Pastor's reference Open House/Campus Visit Friend/Relative						
Website InfoParent's decisionOther factor: _	Other factor:					
*Is it your personal desire to attend Carlisle Christian Academy? Yes No Please explain:						
Do you attend church regularly? Yes No Church you attend: What is your definition of a Christian?						
What CCA activities do you plan to participate in? (select all that apply)						
Athletics/Sports Worship Team Spring Drama Yearbook Social List the school, community, and/or church activities to which you have devoted time a recognition/awards you may have received:						
*In the past 2 years have you:						
	formYesNo					
- <del></del>	l drugsYesNo					
Misused prescription medicationYesNo Visited pornogra	aphic internet sitesYesNo					
*STUDENT SIGNATURE:						
*Demographic Assessment Questions In accordance with our accrediting bodies we are asked to collect the following demog  1) Parents / Guardians: What is your level of education  High School Graduate 2 year degree / certification Bachelors ( 2) Parents / Guardians: Ethnicity (Check all that apply)  White Hispanic African American Asian Pacific Ot 3) Parents / Guardians: Vocation(s)  //	(4 year degree) Masters of higher					
*Statement of Faith I have read and understood the school Statement of Faith in the Student Handbook, a education. I agree to my child learning the lessons of the Holy Bible and understand the using their own unique abilities and personalities to live and work with others at home *By signing this application, I confirm that all answers and information are true school's guidelines as written in the Student Handbook (available online) and to Students applying for grades 6-12 will be scheduled for an interview prior to add	nat each student will be individually educated e, in the church, and in our changing society. e and accurate and I agree to follow the to abide by all school rules.					
*Student's signature Date						
*Primary / Guardian signature Date						

Date

Second / Guardian signature