



**OFFICE use only**

Date received \_\_\_\_\_  
 Tour Date \_\_\_\_\_  
 INTERVIEW \_\_\_\_\_  
 FACTS ACCT \_\_\_\_\_  
 Registration fee paid \_\_\_\_\_  
 Transfer forms \_\_\_\_\_  
 Medical forms \_\_\_\_\_  
 Notice of Enrollment \_\_\_\_\_  
 \_\_\_\_\_

**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.

**STUDENT INFORMATION**

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

\*Student's Full Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (optional)

\*Primary Residence: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street Address City 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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Secondary 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: \_\_\_\_\_

**TRANSPORTATION INFORMATION** Please answer ALL questions

\*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**

To help our families who need additional child care we offer **Before and After School Care.**

\*Will your student need Before and/or After school care? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes\* – please indicate what your need will be:

\_\_\_\_\_ Before (6:30-7:30 AM) \_\_\_\_\_ After (2:30-5:30 PM) \_\_\_\_\_ Both

AM (6:30-7:30) \$803/yr \$110/mo  
PM (2:30-5:30) \$1095/yr \$135/mo  
Both AM& PM \$1525/yr \$180/mo  
To pay per day: AM \$15/day  
PM \$26/day FULL \$44/day  
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 \_\_\_\_\_  
Primary Phone \_\_\_\_\_  
Alternate Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to student \_\_\_\_\_  
Primary Phone \_\_\_\_\_  
Alternate Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to student \_\_\_\_\_  
Primary Phone \_\_\_\_\_  
Alternate Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to student \_\_\_\_\_  
Primary 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 Date Second / Guardian signature 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.

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



**\*STUDENT Input** (to be completed by the student)

\*What was the most significant factor influencing your decision to attend Carlisle Christian Academy?

Pastor's reference  Open House/Campus Visit  Friend/Relative Attends CCA  
 Website Info  Parent's decision  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  Socials

List the school, community, and/or church activities to which you have devoted time and effort. Include any special recognition/awards you may have received:  
\_\_\_\_\_  
\_\_\_\_\_

\*In the past 2 years have you:

Used tobacco products  Yes  No Gambled in any form  Yes  No  
Consumed alcoholic beverages  Yes  No Used/Sold illegal drugs  Yes  No  
Misused prescription medication  Yes  No Visited pornographic internet sites  Yes  No

\*STUDENT SIGNATURE: \_\_\_\_\_

**\*Demographic Assessment Questions**

In accordance with our accrediting bodies we are asked to collect the following demographic data. Your participation is optional.

1) Parents / Guardians: What is your level of education

High School Graduate  2 year degree / certification  Bachelors (4 year degree)  Masters of higher

2) Parents / Guardians: Ethnicity (Check all that apply)

White  Hispanic  African American  Asian Pacific  Other \_\_\_\_\_

3) Parents / Guardians: Vocation(s)

\_\_\_\_\_  
\_\_\_\_\_ //

**\*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.

\*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.

*Students applying for grades 6-12 will be scheduled for an interview prior to admission.*

\_\_\_\_\_  
\*Student's signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date