Carlisle Christian Academy

OFFICE use only
Date received_____
Tour Date_____
INTERVIEW_____
FACTS ACCT _____
Registration fee paid_____
Transfer forms _____
Medical forms _____
Notice of Enrollment
_____

Middle and High School Application for Admission (6th – 12th)

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: _____

~ ~ ~ ~ ~ ~ ~ ~

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

*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

*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 on a media website. 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 signature | Second / Guardian signature | Date

*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 signature | Second / Guardian signature | Date

***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 available to the entire CCA family.
Please sign here to give us permission to make your information available in the CCA directory.

_____ _____ _____

*Primary / Guardian signature | Second / Guardian signature | Date

*To DECLINE: I would prefer my information NOT be made available in the CCA directory.

_____ _____ _____

*Primary / Guardian signature | Second / Guardian signature | Date

*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, does your child have an IEP_____

*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: _____

*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 or higher
2) Parents / Guardians: Ethnicity (Check all that apply)
____ African American ____ Asian Pacific ____ Hispanic ____ White ____ 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