

For Office Use Only

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



Carlisle Christian
Academy

Kndrgn # _____

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: \_\_\_\_\_

### TRANSPORTATION INFORMATION

\*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 for an additional fee.

See our website: [Carlislechristian.org](http://Carlislechristian.org) for more information.

\*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 (2:50-5:30 **PM**) \_\_\_\_\_ Both

### STUDENT RELEASE AUTHORIZATION

\*List the individuals to whom your child may be released if CCA is unable to contact you. If none please indicate with N/A.

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

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

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 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? \_\_\_\_ 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?

\_\_\_\_\_  
 \_\_\_\_\_

**\*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 Non-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.

\_\_\_\_\_  
 \*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