

 **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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

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

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

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**\*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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*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

1. Parents / Guardians: Ethnicity (Check all that apply)

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

1. 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

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