

Central Christian Academy

801 Harrison Rd – Martin, TN 38237 - 731.587.5311 Office - 731.587.5312 Fax

Student Application 2014/2015 School Year

GENERAL INFORMATION

Payment Plan: Full Payment 12 Month

Application Type: New Student

Gender: Male Female

Applying for Grade: _____

I do not give permission for information to be printed in school directory.

Last Name: _____ First: _____

Middle: _____ Preferred Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Guardian Email Address: _____

Birth: ____ mo. ____ day ____ yr. Student Social Security Number: _____ - _____ - _____

School last attended: _____

Preschool: _____ Days a week attended: _____

OFFICE USE ONLY

Interview: _____ PA _____

Date: _____ Time: _____ AC _____

Ck \$ _____ Ck# _____

BC _____ IMR _____ PIM _____

RC _____ Test _____

TE _____ PE _____

TR _____ SM _____

WP _____ AD _____ WD _____

EMERGENCY MEDICAL INFORMATION

Name of Emergency Contact: _____ Phone: _____ Cell: _____

(other than parents)

Contact's Relation to you: Relative-Relationship: _____ Friend Guardian Other: _____

Applicant's Doctor: _____ Doctor's Phone: _____ Hospital Preference: _____

PARENT/GUARDIAN AND FAMILY INFORMATION

Marital Status: Married Widower Separated Divorced Remarried

Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer's Name: _____

Title: _____ Occupation: _____

Phone: Home _____ Work _____ Cell _____

Work Email: _____

Years in High School: _____ Years in College: _____

Lives with student (Y/N) _____ Receives Mail (Y/N) _____ Receives Bill (Y/N) _____

Marital Status: Married Widow Separated Divorced Remarried

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer's Name: _____

Title: _____ Occupation: _____

Phone: Home _____ Work _____ Cell _____

Work Email: _____

Years in High School: _____ Years in College: _____

Lives with student (Y/N) _____ Receives Mail (Y/N) _____ Receives Bill (Y/N) _____

If parents are separated or divorced, who has legal custody? _____

In the event of sole primary custody, the school requires copies of the custodial legal documents to be provided to the Admissions Office at the time of application.

Paternal Grandparents

Grandparent(s): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Maternal Grandparents

Grandparent(s): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

List names, ages, grades, and schools attending (including preschoolers) of all school-aged children in your family:

1. _____ Age: _____ Grade: _____ School: _____
2. _____ Age: _____ Grade: _____ School: _____
3. _____ Age: _____ Grade: _____ School: _____
4. _____ Age: _____ Grade: _____ School: _____

What church do you attend? _____ Are you a member? _____ For how long? _____

How often does each member attend? Regularly (3-4 Sundays per month), Occasionally (once or twice per month), Rarely (4 times per year)

Father: Regularly Occasionally Rarely Mother: Regularly Occasionally Rarely Student: Regularly Occasionally Rarely

MISSION STATEMENT

“Central Christian Academy is a community Christian school assisting families by providing excellence in academics while instilling biblical principles in students’ lives that they might impact their society for Christ.”

YES NO

_____ Do you understand and agree with the above Mission Statement of CCA?

_____ Will one parent attend Parent-Teacher Fellowships?

PARENT QUESTIONNAIRE & COMMITMENT

1. How did you hear about CCA? _____
2. Considering the goals for your student, why would you like your student(s) to attend CCA? _____
3. Has the student ever been referred to a resource teacher? If yes, please provide date and reasons for referral. _____
4. Has the student ever had modifications made in the classroom? _____
5. Has the student ever been administered psychological, behavioral, or academic testing to determine if he/she is gifted, has a learning disability, ADD, ADHD, behavioral, neurological, sensory, or emotional disorder? _____ *If yes, please provide dates, test results, evaluations, IEP reports, etc. This information is not routinely part of the cumulative folders and must be requested by the parent/guardian from the resource teacher or school counselor.* _____
6. Is the student presently taking any medication for medical or learning problems? _____ *If yes, please provide kind of medication, dosage, and frequency. Please provide a copy of a medical evaluation, which must be within the last twelve months.* _____
7. Does your child have any allergies? _____ Please list all. _____
8. Does your student have any health problems? _____
9. Pre-mature birth (Y/N): If yes, what was the term? _____
10. Does your student have normal or corrected vision? _____ Does your student have normal hearing? _____
11. Has your student ever been recommended for tutoring or remedial instruction? _____ *If yes, please provide dates and areas of remediation along with written evaluations.* _____
12. Has the student ever repeated a grade? _____ Which grade? _____ Please explain. _____
13. Has the student ever been suspended or dismissed from school? _____ Please explain. _____
14. Has your child had disciplinary difficulty in his/her previous school? _____
15. Is your child a ward of the court? _____ Has your child been under the jurisdiction of the court? _____
Has your child committed a felony? _____
16. Is there any additional information that Central Christian Academy should be aware of when considering this student for enrollment? _____
17. What activities or responsibilities are you and your student(s) involved in at your church? _____
18. Please describe prayer time and Bible study in your home. _____
19. Please give a brief statement summarizing your beliefs as it relates to:
Jesus Christ _____

The Bible _____

We certify that the above answers are true and are made with no reservations:

Father's Signature: _____ Date: _____
Mother's Signature: _____ Date: _____

