



Community Christian Academy

4594 Columbia Road Martinez, GA 30907 706-426-8881

We are Ambassadors - 2 Corinthians 5:20

SCHOOL YEAR: **2021 - 2022**

Grade applying for: _____

APPLICATION FOR ADMISSIONS - PLEASE PRINT

Any false information included in this application will be grounds for denial of application.

Student Information	Mailing Address	Physical Address (if different)
First Name:	Street Address:	Street Address:
Middle:	Address 2:	Address 2:
Last Name:	City:	City:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	State/Zip:	State/Zip:
Date of Birth: ____/____/____	SSN:	

PARENT/GUARDIAN INFORMATION

Relationship	Father/Guardian	Mother/Guardian
First Name:		
Last Name:		
Primary Contact Number:		
Secondary Contact Number:		
Address: (if different)		
City/State/Zip:		
Occupation:		
Place of Employment:		
Active Military? (If yes, please provide copy of ID)		
Email Address:		
Is this person authorized to:	Pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No Receive emails: <input type="checkbox"/> Yes <input type="checkbox"/> No Receive texts: <input type="checkbox"/> Yes <input type="checkbox"/> No Access Family Portal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No Receive emails: <input type="checkbox"/> Yes <input type="checkbox"/> No Receive texts: <input type="checkbox"/> Yes <input type="checkbox"/> No Access Family Portal? <input type="checkbox"/> Yes <input type="checkbox"/> No
The parents of this student are: <input type="checkbox"/> Married <input type="checkbox"/> Divorce	Who has legal custody? _____	
Who will be the financially responsible party/FACTS customer for this student? _____		

STUDENT MEDICAL INFORMATION

Allergies:
Medical Notes:

EMERGENCY CONTACT INFORMATION

In case of emergency, an attempt will be made to contact the parents/legal guardians listed previously in this application. In the event that the parents/legal guardians cannot be reached, please list other emergency contacts in order of call preference.

	<u>1</u>	<u>2</u>	<u>3</u>
First Name:			
Last Name:			
Relationship of Contact:			
Contact Number:			
Is this person authorized to pick up student?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No

In case of an emergency where no family member or authorized contact can be reached, may we contact your family physician/pediatrician? ___ Yes ___ No
Physician Name: _____ Phone: _____

OTHER CHILDREN LIVING IN HOME

Name	Age	Grade	School Attending

PUBLICATION PERMISSIONS

_____ Initial	___ Yes ___ No	Permission is hereby granted to use my child's picture in school brochures, website or other promotional publications.
_____ Initial	___ Yes ___ No	Permission is hereby granted to use my family's name, address and phone numbers in school directories.

SCHOOL APPAREL

Please choose a shirt size.	Child S Child M Child L Adult S Adult M Adult L Adult XL
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PREVIOUS SCHOOL INFORMATION

Upon receipt of application, records will be requested from a student's previous school.

Previous School:	
Contact Person:	Phone Number:
Address:	Fax Number:
Has the applicant ever had any serious discipline problems?	____ Yes ____ No
Has the applicant ever been suspended from school?	____ Yes ____ No
Has the applicant ever been expelled from school?	____ Yes ____ No
Has the applicant ever been brought before Juvenile Court or a law enforcement agency?	____ Yes ____ No
<i>If the applicant has been expelled or suspended from any of his/her previous schools, Community Christian Academy cannot approve this application.</i>	
Has the applicant ever repeated a grade? ____ Yes ____ No	If yes, grade repeated: _____
Reason for repeating:	
Has the applicant ever been enrolled in a Special Education or resource class?	____ Yes ____ No
Has the applicant ever been tested for a learning disability and/or attention deficit disorder?	____ Yes ____ No
Has the applicant ever taken prescription medication for ADD or ADHD or other learning/behavior difficulty?	____ Yes ____ No
Does the applicant have any mental, emotional or physical handicaps which may affect his/her activities or progress?	____ Yes ____ No
<i>Community Christian Academy is not equipped or staffed to effectively teach children with mental, emotional or severe learning disabilities.</i>	

STATEMENTS OF FAITH

Parents should be born again Christians and regularly attend church.

<i>Father's statement of personal faith and salvation:</i>

<i>Mother's statement of personal faith and salvation:</i>

Students for grades 3rd-12th must answer the following question in their own handwriting.

Tell in your own words what you know about Jesus:

Parents: State briefly why you wish your child/children to attend Community Christian Academy:

Parents: What are your expectations from the school?

A pastor's recommendation is required if you are a member of Trinity Baptist Church or New Hope Worship Center to verify eligibility for discounts. Form is attached for completion.

Church family attends:	How long have you attended?
Pastor's name:	How often do you attend?
Church phone number:	Member? Yes _____ No _____

Did a currently enrolled family refer you? _____ Yes _____ No
What family referred you? (Limit one referring family) _____

Signature of parent/guardian _____	Date _____
Signature of parent/guardian _____	Date _____

Along with your completed application, please submit your student's birth certificate, immunization record, and health screening form (GA 3300).



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706.426.8881

Dear Pastor,

The _____ family is applying for the Trinity Baptist Church or New Hope
Worship Center discount to Community Christian Academy for their child, _____.

A pastor's recommendation is required to complete their application. Please complete the following and return
it to the family or mail it to the school at your earliest convenience. Thank you for your attention to this matter.

Pastor's name: _____

Church's name: _____

How long has the family attended your church? _____ Member? Yes _____ No _____

How often do they attend? _____

Pastor's recommendation:

Date: _____ Pastor's Signature _____

Form may be emailed to Mrs. Leslie Doyle, CCA Registrar, at ldoyle@ccaugusta.com

CCA DOCTRINAL STATEMENT OF FAITH



We believe:

1. In the verbal Inspiration and Authority of the Scriptures
2. The Bible reveals God, the fall of man, the way of salvation, and God's plan and purpose in the ages to come.
3. In God the Father, God the Son, and God the Holy Spirit.
4. In the Deity, Virgin Birth, and bodily resurrection of Jesus Christ.
5. That salvation is "by grace" plus nothing and minus nothing. The conditions to salvation are repentance and faith.
6. That men are justified by faith alone and are accounted righteous before God only through the merit of our Lord and Savior, Jesus Christ.
7. In the visible, personal, and premillennial return of Jesus Christ.
8. In the everlasting conscious blessedness of the saved, and the everlasting conscious punishment of the lost.

I have read and fully understand Community Christian Academy's doctrinal statements of faith.

Signature _____ Date _____