

# Community Christian Academy

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

*Educating for Life and Eternity*

SCHOOL YEAR: **2019-2020**

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	Mother/Guardian	Father/Guardian
First Name:		
Last Name:		
Home Phone:		
Work Phone:		
Cell Phone:		
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	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 online grades/assignments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 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:			
Home Phone:			
Work Phone:			
Cell Phone:			
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: _____
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### 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.

### PREVIOUS SCHOOL INFORMATION

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 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>

Please choose a vest size.	Child S    Child M    Child L    Youth S    Youth M    Youth L Adult S    Adult M    Adult L    Adult XL
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**STATEMENTS OF FAITH**

Parents should be born again Christians and regularly attend church.

*Father's statement of personal faith and salvation:*


*Mother's statement of personal faith and salvation:*


**Applicants for grades 3rd-11th must answer the following questions in their own handwriting.**

Tell in your own words what you know about Jesus:


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

What are your expectations from the school?

**A pastor's recommendation is required. 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 _____

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

*By clicking this box, I confirm that the information given in this form is true, complete and accurate.*

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