



Community Christian Academy

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

Educating for Life and Eternity

SCHOOL YEAR: **2020-2021**

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: ___ Male ___ 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: ___ Yes ___ No Receive emails: ___ Yes ___ No Receive texts: ___ Yes ___ No Access Family Portal? ___ Yes ___ No	Pick up student: ___ Yes ___ No Receive emails: ___ Yes ___ No Receive texts: ___ Yes ___ No Access Family Portal? ___ Yes ___ No
The parents of this student are: ___ Married ___ Divorce		Who has legal custody? _____
Who will be the financially responsible party/FACTS customer for this student? _____		

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

STUDENT MEDICAL INFORMATION

Allergies:
Medical Notes:

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: _____
Health Insurance Carrier: _____ Policy Number: _____

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 SHIRT

Please choose a shirt size.	Child S	Child M	Child L	Youth S	Youth M	Youth L
	Adult S	Adult M	Adult L	Adult XL		

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>

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 _____

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

Signature of parent/guardian _____

Date _____

Signature of parent/guardian _____

Date _____



Community Christian Academy

4594 Columbia Road Martinez, GA
706-426-8881

Dear Pastor,

The _____ family is applying for admission 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: _____

Church's phone number: _____

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. Hadden, CCA Registrar, at khadden@ccaugusta.com

CCA DOCTRINAL STATEMENT OF FAITH



We believe:

1. The Bible to be the inspired, infallible, authoritative Word of God.
2. In one God eternally existing in three persons; namely, the Father, Son, and Holy Spirit.
3. That Jesus is the only begotten Son of the Father, conceived of the Holy Spirit, and born of the Virgin Mary. That Jesus was crucified, buried, and raised from the dead. That He ascended to heaven and will return in power and glory.
4. That salvation is the gift of God brought to many by grace and received by personal faith in the Lord Jesus Christ, whose atoning blood was shed on the cross for the forgiveness of sin.
5. In the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life and is empowered for witnessing and the exercise of spiritual gifts.
6. In water baptism of believers which represents the death, burial, and resurrection of Jesus Christ.
7. In observance of the Lord's Supper commemorating the sacrifice of our Savior for all mankind.
8. In the pre-millennial second coming of Jesus. First, to resurrect the righteous dead and to catch away the living saints to Him in the air. Second, to reign on the earth for a thousand years.
9. In the bodily resurrection, eternal life for the righteous, and eternal punishment for the wicked.
10. In the spiritual unity of all believers in our Lord Jesus Christ.

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

Signature _____ Date _____