

Community Christian Academy

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

Educating for Life and Eternity

SCHOOL YEAR: **2019-2020**

GRADE: _____

APPLICATION FOR RETURNING STUDENTS - 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)		
Address 2:		
City/State/Zip:		
Occupation:		
Place of Employment:		
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"/> Divorced	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: _____

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.

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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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.