



Community Christian Academy

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

Educating for Life and Eternity

SCHOOL YEAR: **2020-2021**

GRADE: _____

APPLICATION FOR RETURNING STUDENTS - PLEASE PRINT

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

If information is unchanged from previous year, please mark section with "Unchanged."

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:		
Email Address:		
Is this person authorized to:	Pick up student: ___ Yes ___ No Receive emails: ___ Yes ___ No Receive texts: ___ Yes ___ No Access online portal? ___ Yes ___ No	Pick up student: ___ Yes ___ No Receive emails: ___ Yes ___ No Receive texts: ___ Yes ___ No Access online portal? ___ Yes ___ No
The parents of this student are: ___ Married ___ Divorced		Who has legal custody? _____
Who will be the financially responsible party/FACTS customer for this student? _____		

STUDENT MEDICAL INFORMATION

If information is unchanged from previous year, please mark section with "Unchanged."

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.

If information is unchanged from previous year, please mark section with "Unchanged."

	<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

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
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UPDATED RECORDS

- Students rising from K3 to K4 will be required to submit a GA 3300 health screening form if one is not already on file.
- Students rising from 6th to 7th grade will be required to submit an updated immunizations record that is complete for grades 7-12.

Signature of parent/guardian _____

Date _____

Signature of parent/guardian _____

Date _____



Community Christian Academy

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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 you can mail or email 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