

Date ____/____/____

School Year



ENROLLMENT FORM COMMUNITY CHRISTIAN ACADEMY

OFFICE USE ONLY

Account No. _____ Entry Date _____

*Student Name (Last, First Middle) _____ Preferred Name _____

*Mailing Address (Street, City, State, Zip) _____ *Primary Email Address _____

*Primary Phone Number _____ *Sex _____ *Birth Date _____ *Race (White/Black/Hispanic/Oriental/Other) _____ U.S. Citizen (Yes/No) _____

*Father/Legal Guardian Name _____ *Father Cell Phone _____ *Mother/Legal Guardian Name _____ *Mother's Cell Phone _____

*Father/Legal Guardian Employer _____ *Father Work Phone _____ *Mother/Legal Guardian Employer _____ *Mother's Work Phone _____

*Father/Legal Guardian Driver's License # _____ *Mother/Legal Guardian Driver's License # _____

***Father's Emergency Phone/Email** _____ ***Mother's Emergency Phone/Email** _____

Please list an emergency phone number and email to advise you of changes due to extreme weather or other emergencies that may arise.

Child's Primary Residence: Both Parents Mother Father Other _____

Marital Status: Married Separated Divorced Other _____
If divorced or separated, custody agreement must be included.

Should reports and invoices be sent to both parents? Yes No

*Responsible Adult to Contact if Primary Contact Cannot Be Reached _____ *Cell/Home Phone _____ Work Phone _____

*Church you now attend _____ City/State _____ Pastor _____

Health Problems/Allergies (if any) _____

*School attended last year _____ City/State _____ Phone _____

Reason for Selecting CCA: CCA Website/Ad Live Near By Friend/Family Other _____

Has your child ever been expelled, dismissed, suspended from another school? Yes No

If Yes, Please explain: _____

Has the child ever failed in school? Yes No If yes, which grades/subjects? _____

Has your child previously attended Community Christian Academy? Yes No If yes, which grades? _____

VERIFY THAT ALL REQUIRED (*) FIELDS ARE COMPLETE, READ THE STATEMENT OF COOPERATION BELOW, THEN SIGN

In making application for my child, I desire to have him complete the school year *_____-_____. It is also my understanding that the policy of the school is to make no refunds or transfers on registration fees or the first tuition payment. I also give permission for my child to take part in all activities of Community Christian Academy.

*Parent Signature _____

*Date _____