

1963 Martel Road  
Lenoir City, TN 37772  
865-986-9823  
[www.ccatn.com](http://www.ccatn.com)

**Registration Checklist:**

The following must be met in order to properly apply for admission to CCA. Complete applications will be processed before incomplete files. Your applicant will not be allowed to begin classes until the file is complete.

\_\_\_\_\_ **New Student Application Packet.** Complete the application form and related materials and return to CCA. Please attach the \$195 application.

\_\_\_\_\_ **Social Security Card and Birth Certificate** A copy of the applicant's birth certificate and social security card must be included with the application packet.

\_\_\_\_\_ **Academic/Teacher Recommendation** Please have a principal, current teacher or former teacher complete the teacher recommendation form and return to CCA. This form must be mailed directly to CCA.

\_\_\_\_\_ **Pastor/ Youth Pastor Recommendation (6<sup>th</sup> – 12<sup>th</sup> grade only)** Please have your pastor or youth pastor complete the pastoral reference form and return to CCA. This form must be mailed directly to CCA.

\_\_\_\_\_ **Character Reference (6<sup>th</sup> – 12<sup>th</sup> grade only)** Please have family friend, relative or neighbor complete the character reference form and return to CCA. This form must be mailed directly to CCA.

\_\_\_\_\_ **Grades and Test Scores.** Please include a copy of the applicant's most recent report card and/or transcript (1st grade and up), and include a copy of their most recent standardized test scores (if applicable). A copy of the students IEP (if applicable) is requested.

\_\_\_\_\_ **Health Records.** CCA must have an original (not a copy) Immunization Certificate in each student's file. The form must be submitted to the admissions office before the student is accepted.

\_\_\_\_\_ **Family Interview.** CCA will contact you to schedule an interview once the application packet is complete.

\_\_\_\_\_ **Registration** Upon acceptance, when all registration fees are received, student is officially enrolled.

All materials must be submitted and the interview with the administration must be completed before an applicant officially is accepted. Office hours are Tuesday, Wednesday, and Friday, 8:00 a.m.-2:00 p.m. when school is in session. The admissions office will notify you concerning the status of your application.

Thank you for your application to Crossroads Christian Academy.

## 2020-2021

### Tuition and Fee Schedule

**New Family Application Fee** - This is a non-refundable application fee for each new family making application to enter CCA.

\$195 per family (Application Fee)

**Returning Family Re-enrollment Fee** - This is a non-refundable fee to be paid in full at time of re-enrollment.

January	\$75 per family
February	\$125 per family
March	\$150 per family
April – August	\$175 per family

**Registration Fee:** To be paid in full at the time of re-enrollment and/or new student’s acceptance to CCA. A student is not guaranteed placement until the registration fee is paid and a financial agreement signed with the business office. Fees are per student and are non-refundable.

**K4-5<sup>th</sup> Grade**

January	\$125 (returning students only)
February	\$150 (open enrollment for new and returning students begins)
March	\$175
April-August	\$200

**6<sup>th</sup>-12<sup>th</sup> Grade**

January	\$150 (returning students only)
February	\$175 (open enrollment for new and returning students begins)
March	\$225
April-August	\$250

**Tuition Fees**

Preschool/K4	T-W- F, 8:10 – 1:35	\$2,550
Elementary/K5-5 <sup>th</sup> grade,	T-W- F, 8:10 – 1:35	\$3,050
Middle School/6 <sup>th</sup> -8 <sup>th</sup> grade,	T-W- F, 8:10 – 2:00	\$3,200
High School/9 <sup>th</sup> -12 <sup>th</sup> grade,	T-W- F, 8:10 – 2:00	\$3,950
High School 11 <sup>th</sup> /12 <sup>th</sup> grade class options/tuition (Bible, English, History, Math, Science)		
1 class = \$1,050    2 classes = \$2,025    3 classes = \$3,000    4 or 5 classes = 3,950		
Customized Instruction    \$350 per class		

**Multiple Child Discount Rates: (not available for K4 students) 1<sup>st</sup> child is oldest student.**

2 <sup>nd</sup> child: 5%	3 <sup>rd</sup> child: 10%	4 <sup>th</sup> + child: 40%
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**Payment Plans:**

1. Tuition discount of 5% if tuition paid in full by 8/1/2020.
2. Ten (10) equal monthly payments, beginning August 1, 2020 and due the first of each month with the final payment due May 1, 2021. Students enrolled after August 1, 2020, will make first payment *at time of enrollment* and remaining payments the first of subsequent months. **Late fees of \$20 are due after the 5<sup>th</sup> of each month.**

## Parent Questionnaire

(Complete both sides)

1. Why do you desire to have your child attend Crossroads Christian Academy?
2. How did you hear about CCA?
3. What is your child's education background? (Home school, public school, Christian school?)
4. Please list your child's strengths:
5. Does your child have any physical disabilities?
6. We desire to be sensitive to every student. Are there any factors in your child's life that may affect his/her performance? (Divorce, absence of a parent, death in family, illness, etc.)
7. Has your child ever been suspended, expelled or asked to withdraw from another school? If yes, please explain in detail.
8. Has your child ever been diagnosed with a learning disability or physical problem that affects his/her academic achievement? If yes, please explain in detail.
9. Does your child have an IEP (Individual Education Plan)? Please explain.
10. Has your child ever been diagnosed with a speech problem? If yes, please explain in detail.
11. Has your child ever repeated a grade? If yes, please explain in detail.
12. Has your child ever skipped a grade? If yes, please explain in detail.
13. How would you describe your child's learning style? (Visual, auditory, kinesthetic)

## Parent Questionnaire cont.

14. Please list some of your child's favorite activities.
15. Please list your child's church related activities.
16. Is your child familiar with computers and technology?
17. Who will be instructing the student during homes school days? Do the parents work outside the home? How much?
18. Father's testimony/decision to commit your life to Christ (Use back page if needed).
19. Mother's testimony/decision to commit your life to Christ (Use back page if needed).
20. Church your family attends?



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Parents please complete and return to CCA. We will submit request for student records.

## Request for Student Records

Date: \_\_\_\_\_

The following student has been accepted into the \_\_\_\_\_ grade at Crossroads Christian Academy.

Last Name	First	Middle	Grade	Birthdate
_____	_____	_____	_____	_____

Name of **last school** attended: \_\_\_\_\_

School Address: \_\_\_\_\_

School Email: \_\_\_\_\_

Parent Authorization to Release Records: \_\_\_\_\_

Signature of Parent or Guardian

**PLEASE FORWARD TO US ALL OFFICIAL SCHOOL RECORDS including but not limited to: Behavior/Suspension/Discipline Records, Immunization records, Report/Progress cards, Transcripts, Explanation of marking system, Notation of special or advanced courses, test records, last grade placement at your school, Copy of Birth Certificate and Social Security Card.**

Please send to:  
Crossroads Christian Academy  
1963 Martel Road  
Lenoir City, TN. 37772  
Or [mguider@ccatn.com](mailto:mguider@ccatn.com)

If you have questions, please call 865-986-9823.

Date: \_\_\_\_\_

Administrator: *Drew Guetterman*

## Student Agreement and Respect Policy

Crossroads Christian Academy emphasizes three goals for their student to achieve:

- Develop character qualities that exemplify Jesus Christ
- Strive for academic excellence
- Serve others within the classroom, school and community

As a student at CCA, I also desire the above goals to be developed in my life and agree to the following:

1. Follow all policies of the school, including those found in the school policy manual.
2. Show honor to God in my speech, dress and conduct (that includes on and off campus).
3. Make my school work a priority and will do my personal best at all times.
4. Will focus on the tasks of school and learning, especially during school hours.
5. Accept my place of leadership to younger students and model appropriate behavior at all times.
6. Strive to follow Colossians 3:23 “doing everything unto the Lord”, which includes showing a positive attitude at all times.
7. Guard against cheating, lying, and other dishonoring behaviors (self and others)
8. Use the Matthew 18 model of conflict resolution
9. Develop my gifts and talents in order to build up others around me
10. Show respect to my classmates by demonstrating kindness and refraining from teasing, gossip, and hurtful actions
11. Seek opportunities to daily serve others around me by putting others before myself
12. Show respect of adults by responding in an honoring manner
13. Follow directions the first time they are given
14. Will not speak out of turn during class time
15. Show respect of visitors
16. Will respect the school facilities by not vandalizing the school or its property at any time (writing on desks, destroying property, etc.)
17. Will not bring any secular items in to the school (music, movies, pictures, etc.)
18. Will use IPADS for academic purposes only as well as cell phones for emergency purposes only. Cell phones must be turned in at the beginning of school to the appropriate staff/teacher.

I agree to the above policies and will adhere to them. I understand that there will be disciplinary consequences for not following any of the above policies.

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Student Signature

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Parent Signature

### Character Reference

Please answer the following questions carefully. When completed, please mail or fax the form directly to Crossroads Christian Academy, Attn: Admissions

Applicant's Name \_\_\_\_\_ Grade \_\_\_\_\_  
 (current) \_\_\_\_\_

My child, \_\_\_\_\_, is an applicant for admission to CCA. I am requesting that this confidential recommendation form be completed and sent directly to the school. I understand that I will not have access to this information.

Personal Characteristics	Excellent	Above Average	Average	Below Average	Not Observed
Accepted by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive influence on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds well to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self disciplined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yields to discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neatness in grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation of parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend this student for admission to Crossroads?  Yes  No

Is there any pertinent information you feel would be helpful to us in the evaluation of this student's eligibility to our school? \_\_\_\_\_

Thank you for your time and effort in completing this confidential evaluation.

Your Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

May we contact you if we have any questions?  Yes  No Phone # \_\_\_\_\_

### Pastor/ Youth Pastor Recommendation

Please answer the following questions carefully. When completed, please mail or fax the form directly to Crossroads Christian Academy, Attn: Admissions

Applicant's Name \_\_\_\_\_ Grade \_\_\_\_\_  
 (current) \_\_\_\_\_

My child, \_\_\_\_\_, is an applicant for admission to CCA. I am requesting that this confidential recommendation form be completed and sent directly to the school. I understand that I will not have access to this information.

	Excellent	Above Average	Average	Below Average	Not Observed
Interest in Spiritual Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do the parents demonstrate a strong interest in the spiritual or moral development of the applicant?

Yes  No Please explain \_\_\_\_\_

Based on your knowledge of the child and family, would you consider them compatible with a Christian school environment?  Yes  No

Any additional comments? \_\_\_\_\_

Thank you for your time and effort in completing this confidential evaluation.

Name (print) \_\_\_\_\_ Church \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

May we contact you if we have any questions?  Yes  No Phone # \_\_\_\_\_



Please answer the following questions carefully. When completed, please mail or email (mguider@ccatn.com) this form directly to Crossroads Christian Academy.

Applicant's Name \_\_\_\_\_ Grade \_\_\_\_\_

My child, \_\_\_\_\_, is an applicant for admission to Crossroads Christian Academy. I am requesting that this confidential recommendation form be completed and sent directly to the school. I understand that I will not have access to this information.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Teacher Recommendation

Person completing this form:     Principal     Current Teacher     Former Teacher

### Academic Background Information

Has the applicant ever been suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
Has the applicant been asked to withdraw?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
Has the applicant ever been expelled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
Has the applicant received special education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
Has the applicant had psychological testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know

If you answered yes to any of the above questions, please explain. \_\_\_\_\_

### Academic Characteristics

	<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Needs Improvement</i>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Personal Characteristics

	<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Needs Improvement</i>
Accepted by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Influence on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds well to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Disciplined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yields to Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your time and effort in completing this confidential evaluation.

Your name (print) \_\_\_\_\_ School \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

May we contact you if we have any additional questions?  Yes     No    Phone # \_\_\_\_\_

**Appendix B**  
**2020-2021 Parent Participation Form**  
**(Complete one form per family)**

Please initial next to each statement to verify your understanding of the policy.

1. \_\_\_\_ I have read the CCA POLICY MANUAL and agree to its contents, which include, but are not limited to lines 2 through 10 below.
2. \_\_\_\_ The application, re-enrollment and registration fees are non-refundable.
3. \_\_\_\_ Tuition payments are due on the 1<sup>st</sup> of each month and are considered late after the 5<sup>th</sup> which then incurs a late fee. Tuition payments are to be paid August 2020 – May 2021.
4. \_\_\_\_ I understand I am expected to participate in the fundraisers of CCA.
5. \_\_\_\_ I understand parental partnership is needed to the success of various functions at CCA and will choose at least ONE volunteer opportunity. Please check one volunteer opportunity in which you would like to serve.
  - ELEMENTARY CLASSROOM    MS/HS CLASSROOM    ART CLASS:PREP    ART CLASS: ASSIST    MS/HS SCHOOL CLUBS    ORGANIZATION
  - "FALL/SPRING" CLEANING    STUDENT EDUCATIONAL/EVENTS PLANNING    SUBSTITUTE TEACHER    YEARBOOK
6. \_\_\_\_ I understand parental partnership is needed to the success of various functions at CCA and will need to sign up and be a functioning member of a team. Please check which team you would like to be a member of for the 2020 – 2021 school year.
  - ESTATE SALE COMMITTEE    MAINTENANCE    SPECIAL EVENTS
7. \_\_\_\_ I understand I am responsible to make sure student’s work is completed and returned on time. As well as ensuring student has all needed supplies throughout entire school year.
8. \_\_\_\_ I understand that drop off time is 7:55 – 8:05, **please do not drop-off before 7:55**. There is a tardy fee of \$10 after the 3<sup>rd</sup> unexcused tardy (students that are not in building by 8:05 am) arrival, and each subsequent unexcused tardy arrival for each 9 week period.
9. \_\_\_\_ I understand there is a late pick up fee charged if my child is picked up late. (\$5/every 15 mins.)
10. \_\_\_\_ I acknowledge that if I must withdraw my student, a two–week notice must be given and I will follow the financial policy for this procedure.
11. \_\_\_\_ The school must be notified IN WRITING by September 1, 2020 if you do NOT want either of the following:
  - a. to be included in the school directory
  - b. your child’s photograph to be used for any advertising/publicity purposes (including on the school’s website or Facebook page).
12. \_\_\_\_ **I understand that CCA uses Jupiter and the weekly online parent newsletter as their main forms of communication.**

Our family understands our obligations as outlined in this agreement.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**2020-2021 Emergency Student Information/Activity Permission and Medical Release**  
**PLEASE PRINT NEATLY AND CLEARLY**

	1 <sup>st</sup> child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child	4 <sup>th</sup> Child
Student(s) Name				
Student(s) Grade				
Age as of <b>8-15-20</b>				
Date of Birth				
List All Allergies				
List All Medical Conditions				
List All Medications student is taking				
County of Public School Student is zoned for				
Address				
Home Phone				
Church Attending				
Family e-mail				
Father's Name/Occupation/Skills				
Cell/Work Phone				
Mother's Name/Occupation/Skills				
Cell/Work Phone				
Additional Emergency Contact Name and Phone Number				
Relationship to student				
Insurance Company				
Policy/Group Numbers				
Media Release (check all student has permission for.)	<input type="checkbox"/> CCA Website <input type="checkbox"/> Facebook page <input type="checkbox"/> Newsletter <input type="checkbox"/> Yearbook <input type="checkbox"/> Radio <input type="checkbox"/> Television			

Crossroads Christian Academy requires that this information be correct and complete. If any changes in this information occur, it is the parent's responsibility to notify CCA immediately so the student's file will be accurate.

**Release:**

I, the undersigned, am the legal guardian of the student(s) listed above, minor(s) and have given my consent for him/her to participate in fieldtrips and activities of Crossroads Christian Academy. In the event that he/she is injured while on campus and/or while participating in fieldtrips and activities and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and /or hospital personnel refuses to administer without my consent, I hereby authorize any of Crossroads Christian Academy Administration to give consent for me if I cannot be reached by telephone at one of the numbers listed above, or because of an emergency in which there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for me, I agree to hold such person(s), other associated adults and Crossroads Christian Academy free and harmless of claims, demands, or suits for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_