Parent/Guardian Questionnaire *(one per child)*

Student Name: _____ DOB: ____/____/_____ Grade Entering: _____

Parent/Guardian Name: _____

How did you find out about CCA? _____

Has the student ever been suspended or asked to leave a school?

☐ No ☐ Yes

If yes, please explain: _____

_____

_____

Please describe any health concerns or food allergies that may impact your child at school.

_____

_____

_____

Describe your child's strengths and weaknesses. _____

_____

_____

_____

Please describe any responsibilities or activities that you or the applicant is involved in at your church.

_____

_____

_____

Please describe the spiritual training that you provide for your child in your home.

_____

_____

_____

Parent/Guardian Signature: _____ Date: _____