



STEP 1: APPLY

Cohutta Arrows Kingdom Academy, LLC.
247 King St.
Cohutta, GA. 30710

FAMILY INFORMATION
To Be Completed by Family

Family Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Name(s) of child(ren) applying to Cohutta Arrows Kingdom Academy:

Student Name: _____ Grade: _____

CHURCH INVOLVEMENT

To Be Completed by Pastor or Church Leader

Dear Pastor,

The family above has applied for admission to our school. Please give your candid evaluation of the involvement of this family in your church. Thank you.

1. How long have you known this family? _____

2. Is anyone of this family members of your church? Y/N

3. How would you describe this family's church attendance? _____

4. Does the above family take an active role in the life of your church? Y/N

5. Have any members of the family held a leadership position in the church? Y/N

If yes, describe position: _____

6. Is/Are the child(ren) active in the youth program of the church? Y/N

Cohutta Arrows Kingdom Academy's Mission, Vision, Core Values and Core Concepts:

Our **Mission** is to immerse students in a culture of Christ centered education that equips them to operate in their unique kingdom identity spiritually, academically, socially and physically.

Our **Vision** is to raise a generation of children who understand their kingdom identity and operate in academic excellence in order to change the culture around them without the culture changing them.

Our **Core Values** involve serving the kingdom, honoring God and others, nurturing purpose and callings, preparing excellence, individuality and uniqueness, networking within the kingdom, responsibility and obedience.

Our **Core Concepts** are building a culture of worship, prayer, honor and respect, sowing and reaping, serving and obeying the Spirit.

1. Based on the vision, mission statement, and objectives do you recommend the above family and their student(s) for admission to Cohutta Arrows Kingdom Academy? Y/N

Church Name: _____ Phone: _____

Church Address: _____

City: _____ State: _____ Zip Code: _____

Name of Pastor/Church Leader: _____

Signature of Pastor/Church Leader: _____ Date: _____

Please send to: Cohutta Arrows Kingdom Academy, PO Box 96, Cohutta, GA. 30710