

Cohutta Arrows Kingdom Academy
247 King Street
Cohutta, Georgia 30710



2024-2025
Student Application

Legal Information:

Student's Full Legal Name: _____
Last First Middle

Name the student is called by: _____

Student's Date of Birth: _____
Month Day Year

Student's Current Enrollment Grade: _____

Student's Permanent Address: _____
House/Apt # Street Address

City State Zip Code

*If mailing address is different from above, please list below:

Street Address City State Zip Code

Legal Parent/Guardian Names:

Mother's full legal name: _____

Father's full legal name: _____

Who does the student live with?

mother father both parents other: _____

Please list ALL siblings living in the home, their age and grade:

Release of Student:

List all individuals, including parent/legal guardians, as well as contact information and relation to whom the student can be released.

| Name | Relationship to Student | Contact Information |
|------|-------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

Health Information:

Name & Contact Information of Child's Physician:

Name Phone #

Hospital Preferred in an Emergency: -----

Health Insurance of Student: -----

Please list any allergies for the student: -----

Please list any medications for the student: -----

Please list any other health needs/information for the student:

Transcripts/Previous School Information:

Please list all schools your child attended prior to CAKA:

School Name(s): -----

School Address(es): -----

AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

STEP 1: APPLY

TO PARENT or GUARDIAN Please complete the authorization below and send this form to the guidance counselor or principal at your child's present school. (Please print)

Student's Last Name, First, Middle

Current Grade

Name of School and Address

In accordance with federal regulations regarding the privacy rights of parents and students under The Family Educational and Privacy Act of 1974, I hereby consent to the release of all educational records of the above named individual to Cohutta Arrows Kingdom Academy, including recommendations and other information that may be requested.

Signature of Parent/Legal Guardian

Date

TO: GUIDANCE COUNSELOR and/or PRINCIPAL:

The student named above has made application for admission to Cohutta Arrows Kingdom Academy. We would appreciate your prompt attention in sending the following records:

1. A transcript of the student's permanent record to date, including grades for courses in progress.
2. A copy of the student's complete test profile.
3. Copies of all psychological reports.
4. Copies of Individual Educational Plan.
5. Copies of Special Education Placement forms.
6. Copies of all discipline reports or statement that student has no discipline record.
7. Copies of Attendance Records.

If this student is admitted to Cohutta Arrows Kingdom Academy, we will request a final transcript of the student's records at the end of this school year. Please hold this authorization form on file so that a second form will not be necessary at that time.

Please send information to: Cohutta Arrows Kingdom Academy, Admissions, PO Box 96, Cohutta, Ga 30721, or Email: caka.communications@gmail.com

Faith/Beliefs Information:

Please tell us why you are applying to Cohutta Arrows Kingdom Academy:

Please provide us with a statement of faith for your family & child:

Please provide us with your current church name & address:

Please provide us with at least two personal references:

1. Name, number and relation of reference #1: -----

2. Name, number and relation of reference #2: -----

3. Name, number and relation of reference #3: -----

4. Name number and relation of reference #4: -----

After this application and the \$75 non-refundable application fee is submitted to CAKA, we will schedule an interview with the parents of the applied student. Please be aware that the interview is primarily to ensure the parents and student(s) personal spiritual commitment as well as their commitment and support of CAKA's teachers, mission, vision, values and beliefs.

SPIRITUAL CONSIDERATIONS

- Personal Biblical commitment of parents and student(s).
- The willingness of parents and student(s) to be supportive of the CAKA's Biblical mission, vision, values and beliefs of education.
- The willingness of parents and student(s) to support the CAKA's teachers in carrying out the goals and programs of each student.

BEHAVIORAL CONSIDERATIONS

- Agreement of parents and student(s) to abide by the behavior standards established by CAKA.
- The physical and spiritual safety of the children at CAKA is our number one priority.

AGE CONSIDERATIONS

- For preschool applicants, the child must be 4 years of age by September 1st of the academic year.
- For Kindergarten applicants, the child must be 5 years of age by September 1st of the academic year.

FAMILY CONSIDERATIONS

- We believe the family unit was created by God within the context of a Biblically defined marriage, between a man and woman. Families that embrace a lifestyle that contradicts this teaching will find themselves pretending to be something God did not design them to be and believe something that is not Biblical.
- We believe a family's faith in God should be the foundational roots of a home.