

CLASSICAL CHRISTIAN SCHOOL FOR THE ARTS

4981 78TH AVE. PINELLAS PARK, FL 33781 www.ccsa.us

P: 727-547-6820 F: 727-545-3579

www.ccsa.us

STUDENT APPLICATION

Student Information

Applying for Grade _____

Last Name _____ First Name _____ Gender F ___ M ___

Social Security Number ____ - ____ - ____ Date of Birth ____ - ____ - ____ Ethnicity: _____

Last School Attended _____ Phone Number _____

School Address _____

Siblings at CCSA? Yes ___ No ___ I am interested in After School Care Yes ___ No ___

Parent Information

Parent #1

Last Name _____ First Name _____ Date of Birth: _____

Relationship: _____ Social Security Number ____ - ____ - ____ Phone: _____

Address _____

E-Mail Address: _____ Financially Responsible for CCSA Yes ___ No ___

Employer _____ Occupation: _____

Church: _____

Parent #2

Last Name _____ First Name _____ Date of Birth: _____

Relationship: _____ Social Security Number ____ - ____ - ____ Phone: _____

Address _____

E-Mail Address: _____ Financially Responsible for CCSA Yes ___ No ___

Employer _____ Occupation: _____

Emergency Contacts

1. Name _____ Relationship _____ Home Phone _____

Cell Phone _____ Email address _____

2. Name _____ Relationship _____ Home Phone _____

Cell Phone _____ Email address _____

MEDICAL INFORMATION

Physician's Name _____ Phone _____

Address _____

Medical Insurance Co. _____ Policy # _____

Is your child currently taking any medication? Yes ___ No ___ Type _____

Is there other medication information you feel we should know about your child, including but not limited to special diets, prescriptions, limitations to daily activities, allergies?

HOW DID YOU HEAR ABOUT CCSA?

Website ___ Friend/Neighbor ___ Community Activities ___
Church ___ Newspaper ___ Radio ___

OTHER

Has your child ever been retained? Yes ___ No ___
Has your child had disciplinary challenges? Yes ___ No ___
Has your child had academic challenges? Yes ___ No ___
Has your child been tested/evaluated/or diagnosed with LD/ADHD/ADD/SPEECH-
LANGUAGE disabilities? Yes ___ No ___
Has your child been under the care of a psychologist or psychiatrist? Yes ___ No ___

If yes, please explain:

The submission of this application does not constitute acceptance at CCSA. After the interview process an admission decision will be made as soon as possible. Parents affirm their decision to enroll the student by submitting a signed Financial Agreement. I understand that this application must be submitted with the \$375.00 application fee. **Presentation of false information or omission of pertinent information on this application and/or during an interview will constitute grounds for dismissal from CCSA with no refund of tuition or fees.**

Parents Signatures: Parent 1) _____ Parent 2) _____

Date: _____

**CLASSICAL CHRISTIAN SCHOOL FOR THE ARTS
FINANCIAL AGREEMENT**

PARENT OR GUARDIAN _____ Parent Social Security #: _____

ADDRESS _____
Street City State Zip Code

PHONE/S: (Home) _____ (Cell) _____ (E-Mail) _____

STUDENT NAME/S: GRADE

1. _____

2. _____

3. _____

Tuition K-5 @ 6800 x _____ (#students)

Tuition 6-8 @ 7100 x _____ (#students)

Tuition 9-12 @ 7500 x _____ (#students)

SUBTOTAL: _____

Enrollment Fee \$100.00 per Family (Due at Registration) _____

Graduation Fee \$85.00 - 8th Grade/12th Grade _____

SUBTOTAL: _____

SCHOLARSHIP: SUFS < _____ >

MCKAY < _____ >

TOTAL DUE: _____

AMOUNT PAID TODAY: _____

BALANCE DUE: _____

Tuition for the school year will be paid by (select one method only):

_____ Option One. Payment in full by June 1st. This option entitles you to a 5% discount off the base tuition fee.

_____ Option Two. Payment is received through 10 monthly payments.

By signing this document I agree to pay all fees and tuition charges. I further understand that all payments are non-refundable. I agree to make payments according to one of the options listed above. I understand that miscellaneous charges including uniforms, lunches, field trips, and other related school charges are payable upon receipt.

Responsible Party Signature

Date

Consent and Release from Liability

During the school year students at Classical Christian School for the Arts participate in various activities, class visits, contests, excursions, field trips, sporting events, camps, interscholastic athletic and academic competitions, practices, rehearsals and other events which occur on and off the school's campus (together called "the Activities"). Parental consent is required for a student's participation in the Activities. Where the student is age 18 or above the student will be required to sign the consent form.

I hereby give consent for my child/ward to participate in the Activities except for those Activities which I advise Classical Christian School in writing. I understand that participation may at times necessitate an early dismissal from classes. Assumption of Risks: Participation in the Activities carries with it certain risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, the risks include but are not limited to 1.) minor injuries such as scratches, bruises and sprains 2.) major injuries such as eye injury or loss of sight, broken bones, joint or back injuries, heart attacks, and concussions 3.) catastrophic injuries including paralysis or death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Activities. Waiver: In consideration of my child/ward being permitted to participate in the Activities with full understanding of the risks involved, I, for myself, my heirs, personal representatives, or assigns do hereby release, waive, and discharge Classical Christian School for the Arts, its officers, directors, employees, and agents of any and all responsibility and liability for any injury or claim resulting from participation in the Activities and agree to take no legal action against Classical Christian School for the Arts because of any accident or injury resulting from my child's/ward's involvement in the Activities.

This waiver and release expressly excludes any negligent act on the part of Classical Christian School for the Arts, its officers, directors, employees, and agents which causes accident or injury to my child/ward as a result of my child's/ward's involvement in the Activities.

I authorize emergency medical treatment for my child should the need arise for such treatment while my child/ward is under the supervision of Classical Christian School for the Arts.

Mother/Guardian Initials: _____ Father/Guardian Initials: _____

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD HARMLESS Classical Christian School for the Arts, its officers, directors, employees, and agents from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought or incurred as a result of my child's / ward's involvement in the Activities.

Severability: I agree that the foregoing waiver of liability and assumption of risks and indemnity agreement is intended to be as broad and inclusive as is permitted under the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue to be of full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue save for my right to sue with respect to any negligent act on the part of Classical Christian School for the Arts, its officers, directors, employees, and agents which causes accident or injury to my child/ward as a result of my child's/ward's involvement in the Activities.

I understand that the authorizations, consents, assumptions, and waivers granted herein are given freely and voluntarily and that I may revoke them at any time prior to the commencement of any Activity by submitting said revocation in writing to Classical Christian School for the Arts. By doing so however, I understand that my child / ward will not be able to participate in the Activities. **This Waiver of Liability, Assumption of risks and Indemnity Agreement applies to the following student and will remain valid until such time as the students ceases to be enrolled at Classical Christian School for the Arts.**

Student's Name: _____ Student's Age: _____

Mother /Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____

PHOTO RELEASE

Students at Classical Christian School for the Arts participate in various activities that make for many great photo opportunities. We promote our school using color brochures, our website, facebook, and other types of promotional materials. When photographs are used for publicity purposes, children are never identified by name. All photos used for publicity will be available for the child's parents to review upon request. In addition, parents reserve the right to request that any photograph not be used for publicity.

Please sign the permission slip below to indicate your preference for photographs.

.....

•• I DO / DO NOT (PLEASE CIRCLE) give Classical Christian School for the Arts permission to use photographs of my child, taken during class time, playground time, school functions, and field trips.

Child's Name: _____

Parent Signature: _____ Date: _____

Classical Christian School for the Arts

MEDICATION AUTHORIZATION FORM

Child's Name: _____ Date: _____

Allergies: _____

Name of Medication	Dosage	Reason for Medication	Time/Special Instructions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Prescription Medication:

- Must have a legible label from the pharmacy indicating the child's name, date, name of medicine, dosage, expiration date of medication, doctor's name, pharmacy name & telephone number. All medication must be in original container, with child's name clearly marked.

Non-Prescription/Over-the-Counter Medication:

- Parent is required to bring these medications from home.
- Medication must be in its original packaging, with child's name clearly marked on the product.
 - Acetaminophens
 - Antacids
 - Antihistamines (Benadryl)
 - Decongestants
 - Cough Suppressants

I give permission for Classical Christian School for the Arts to administer the above medication to my son/daughter.

PARENTAL CONSENT FOR ACETAMINOPHEN AND/OR IBUPROFEN: I give permission for To receive the following medication: Please list dosage allowed.

Acetaminophen(Tylenol) _____ Ibuprofen(Advil) _____

Reason(s): Headache _____ Menstrual Cramps _____

Dental Pain _____ Muscle or Joint Pain _____

General Discomfort _____ Other _____

Parent/ Guardian (Printed): _____ Date: _____

Parent/Guardian (Signature): _____ Phone: _____

CLASSICAL CHRISTIAN SCHOOL FOR THE ARTS, INC.

727-547-6820

Admissions Office Form

Release of Records

Name of Student/s: _____

Date: _____

Present School: _____

I give my permission for the transfer of copies of my child's records to: Classical Christian School for the Arts, Inc.

Records should include copies of the following:

1. Transcripts of grades or evaluations.
2. Results of all standardized tests.
3. Attendance Records.
4. Behavior/Discipline Records.
5. Individual Education Plan, if applicable.
6. Medical Records, including Birth Certificate
7. Other information maintained in student's permanent record.

Parent Signature

Date

Send requested information to:

Classical Christian School for the Arts, Inc.

4981 78th Ave North

Pinellas Park, FL 33781

Or FAX to: 727-545-3579