



Student Registration for 2024-2025 High School Program

Please Print Clearly

Student Name _____

Nickname, if any _____

Date of Birth _____ Grade in School _____

Student's Primary Address _____

Preferred email to communicate:

Would you like to receive text alerts: Yes No

Mobile Number _____

Emergency Contact Name _____

Relationship to student _____

Emergency Phone Number(s) _____

Name of Student's Primary Care Physician _____

Physician Phone Number: _____

I give permission to Cornerstone Christian Academy to use my child's likeness in photo and video and in all of its publication materials. Yes No

Parent/Guardian Signature

Date

Name of HS Option program the student is registering for (see description on page 2):

Cost of Program: _____

Specials Class I would like to take, if there is availability: Art Music PE

One time registration fee: \$10 (waived for all current CCA Students)

Total Enclosed (Make checks payable to Cornerstone Christian Academy): _____