



Application For Admission

Academic Year _____
Grade applying for _____

STUDENT INFORMATION

FIRST MI LAST DOB GENDER

PHYSICAL ADDRESS CITY STATE ZIP

CHILD LIVES WITH HOME PHONE

FAMILY INFORMATION

FATHER/GUARDIAN'S NAME PHONE (HOME or CELL)

MAILING ADDRESS CITY STATE ZIP

EMAIL EMPLOYER WORK PHONE

MOTHER/GUARDIAN'S NAME PHONE (HOME or CELL)

MAILING ADDRESS CITY STATE ZIP

EMAIL EMPLOYER WORK PHONE

SIBLING INFORMATION (NAME, AGE, & GRADE)

SIBLING INFORMATION (NAME, AGE, & GRADE):

FAMILY CHURCH AFFILIATION/DENOMINATION:

CURRENT SCHOOL

LAST SCHOOL/CHILDCARE ATTENDED: _____

PHONE: _____

REASON FOR LEAVING: _____

OTHER INFORMATION

Has your child ever had accommodations or modifications for any physical, social, or academic reason? This includes IEP, PEP, and/or 504 Plan. Yes No

Has your child ever been involved in a remedial class? Yes No

Has your child ever been tested for ADD, ADHD, BEH, EMH, LF, etc.? Yes No

Has your child ever been in an advance class? Yes No

Has your child ever been under care of a counselor, clinical psychologist, or psychiatrist? Yes No

Has your child experienced any problem in relation to drugs, alcohol, smoking, and/or law enforcement?
 Yes No

Has your child ever experienced any discipline/conduct problems in relation to school suspensions, school expulsion, and/or grade retention? Yes No

Please use this area to explain any "Yes" answers. _____

Briefly explain your reason for wanting to send your child to CCA: _____

Please submit the following documents with this application:

Birth Certificate

Immunization Record

Current Physical

IEP, PEP, 504 Plan (if applicable)

Current report card, or recommendation form (if applicable)

By signing below, you agree all information in this application is true and factual to the best of your knowledge.

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____