

# Central Christian Academy

801 Harrison Road - Martin, TN 38237 - Office (731)587.9877 - Fax (731) 587.5312

New Student Application

2017/2018 School Year

OFFICE USE:  
Application fee:  
Cash \_\_\_\_\_  
Check# \_\_\_\_\_  
Family  
Interview:  
Date: \_\_\_\_\_  
Completed: \_\_\_\_\_

## GENERAL INFORMATION

Payment Plan \_\_\_\_\_ Full Payment \_\_\_\_\_ 10 Month

Applying for Grade: \_\_\_\_\_

## STUDENT INFORMATION

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birthday: \_\_\_\_\_ mo. \_\_\_\_\_ day \_\_\_\_\_ year

School last attended: \_\_\_\_\_

Preschool: \_\_\_\_\_ Days a week attended: \_\_\_\_\_

## EMERGENCY MEDICAL INFORMATION

Name of Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

(other than parents/guardians)

Contact's Relation to student:  Relative-Relationship \_\_\_\_\_  Friend  Other: \_\_\_\_\_

Applicant's Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Father/Guardian's Name: \_\_\_\_\_

Marital Status:  Married  Widower  Separated  Divorced

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: Home : \_\_\_\_\_ Work: \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_

Marital Status:  Married  Widower  Separated  Divorced

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: Home : \_\_\_\_\_ Work: \_\_\_\_\_

Student lives with: \_\_\_\_\_ Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other: \_\_\_\_\_

Receives Bill: \_\_\_\_\_ Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other: \_\_\_\_\_

If parents are separated or divorced, who has legal custody? \_\_\_\_\_

In the event of sole primary custody, copies of the custodial legal documents must be provided to the Office at the time of application.

## MISSION STATEMENT

"Central Christian Academy is a community Christian school assisting families by providing excellence in academics while instilling biblical principles in students' lives that they might impact their society for Christ"

YES NO

Do you understand and agree with the above Mission Statement of CCA?

## PARENT QUESTIONNAIRE & COMMITMENT

1. What church does your family currently attend? \_\_\_\_\_
2. How did you hear about CCA? \_\_\_\_\_
3. Considering the goals for your student, why would you like your student(s) to attend CCA?  
\_\_\_\_\_
4. Has the student ever been referred to a resource teacher? If yes, please provide date and reason for referral.  
\_\_\_\_\_
5. Has the student ever required modifications to be made in the classroom? Yes/No  
If yes, describe requirements. \_\_\_\_\_
6. Has the student ever been administered psychological, behavioral, or academic testing to determine if he/she is gifted, has a learning disability, ADD, ADHD, behavioral, neurological, sensory, or emotional disorder? Yes/No  
If yes, please provide dates, test results, evaluations, IEP reports, etc. *This information is not routinely part of the cumulative folders and must be requested by the parent/guardian from the resource teacher or school counselor.*  
\_\_\_\_\_  
\_\_\_\_\_
7. Is the student presently taking any medication for medical or learning problems? Yes/No *If yes, please provide kind of medication, dosage, and frequency. A copy of a current \* medical evaluation must be provided. (\*within the last 12 months)*  
\_\_\_\_\_
8. Does your child have any allergies? Yes/No Please list all. \_\_\_\_\_
9. Does your child have any health problems? Yes/No \_\_\_\_\_
10. Pre-mature birth (Y/N): If yes, what was the term? \_\_\_\_\_
11. Does your child have normal or corrected vision? Yes/No Does your child have normal hearing? Yes/No
12. Has your student ever been recommended for tutoring or remedial instruction? Yes/No  
*If yes, please provide dates and areas of remediation, along with written evaluations.*  
\_\_\_\_\_
13. Has the student ever repeated a grade? Yes/No Which grade? \_\_\_\_\_ Please explain. \_\_\_\_\_
14. Has the student ever been suspended or dismissed from school? Yes/No Please explain. \_\_\_\_\_
15. Has your child had disciplinary difficulty in his/her previous school? Yes/No Please explain. \_\_\_\_\_
16. Is your child a ward of the court? \_\_\_\_\_ Has your child been under the jurisdiction of the court? \_\_\_\_\_  
Has your child committed a felony? \_\_\_\_\_
17. Is there any additional information that Central Christian Academy should be aware of when considering this student for enrollment?  
\_\_\_\_\_  
\_\_\_\_\_

We certify that the above answers are true:

Parent/Guardian signatures: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian signatures: \_\_\_\_\_

Date: \_\_\_\_\_