

Central Christian Academy

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

Current Student Re-enrollment
2017/2018 School Year

OFFICE USE:
Registration fee:
Cash _____
Check# _____

GENERAL INFORMATION

Payment Plan _____ Full Payment _____ 10 Month _____ What grade will child be enrolled: _____

STUDENT INFORMATION

Gender: _____ Male _____ Female

Last Name: _____ First: _____ Middle: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Birthday: _____ mo. _____ day _____ year

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. 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)*

3. Does your child have any allergies? Yes/No Please list all. _____

4. Does your child have any health problems? Yes/No *If yes, please explain* _____

5. Does your child have normal or corrected vision? Yes/No Does your child have normal hearing? Yes/No
6. Is there any additional information that Central Christian Academy should be aware of?

We certify that the above answers are true:

Parent/Guardian signatures: _____

Date: _____

Parent/Guardian signatures: _____

Date: _____