



## STUDENT APPLICATION PROCESS

If you are interested in applying to Carolina Christian Academy, please carefully follow these steps to ensure a speedy and accurate process.

*Please note that a spot is not held until final acceptance is granted.*

### 1) Application

*All the following information must be submitted to proceed in the admissions process.*

- A completed application
- A signed Enrollment Agreement form
- A signed Statement of Faith
- A completed, signed & notarized medical release form (All banks provide Notary services)
- A signed Handbook Agreement Policy
- Most recent achievement test results
- Copy of Birth Certificate
- Current Immunization Record
- The application fee of \$100.00
- Matriculation fee of \$300.00

### 2) Notification

You will be notified of your admissions standing. Any students who are notified of their eligibility for acceptance must pay a \$100.00 non-refundable tuition deposit (\$400.00 maximum per family) to be officially accepted. **A student is not considered officially accepted until the tuition deposit is paid. Upon final acceptance a spot will be held.**

*Our goal is to provide a complete, accurate and speedy application process.*

*Carolina Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, and activities made available to students of the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, athletics, or any other school-administered programs.*

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*Carolina Christian Academy*

**APPLICATION FOR ENROLLMENT**

**APPLYING FOR: K5    Grade \_\_\_\_\_**

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**STUDENT**

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age as of Sept. 1<sup>st</sup> \_\_\_\_\_ Sex \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Who does the student reside with? ( ) Mother ( ) Father ( ) Step-Mother ( ) Step-Father ( ) Grandparents ( ) Other  
*Please include contact information for all guardians.*

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**FAMILY**

1. Natural Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Marital Status: ( ) Married ( ) Widowed ( ) Separated ( ) Divorced ( ) Remarried ( ) Single

Social Security # \_\_\_\_\_ **Pick-Up Allowed?** ( ) Yes ( ) No

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Employer \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_ Attend Regularly? ( ) Yes ( ) No

2. Natural Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Marital Status: ( ) Married ( ) Widowed ( ) Separated ( ) Divorced ( ) Remarried ( ) Single

Social Security # \_\_\_\_\_ **Pick-Up Allowed?** ( ) Yes ( ) No

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Employer \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_ Attend Regularly? ( ) Yes ( ) No

3. Do you have any other children enrolled at CCA? \_\_\_\_\_  
List names and grades \_\_\_\_\_

4. Who has legal custody of the child for whom application is made? \_\_\_\_\_  
**A current copy of any legal documents must be kept on file in the office. It is the sole responsibility of the parent to provide the school with any changes or updated legal documents.**

5. Name of person responsible for tuition and fees: \_\_\_\_\_

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### EDUCATIONAL BACKGROUND

List below all schools your child has attended (include home schooling).

Name of school Grades	Address (Street, City, State, Zip)	Dates (Month of Year)
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for leaving last school.

\_\_\_\_\_

Has any grade been repeated? \_\_\_\_\_ If yes, list: \_\_\_\_\_

Reason \_\_\_\_\_

\_\_\_\_\_

Has applicant had any discipline problems or been suspended or expelled? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Does applicant have any physical, emotional, or mental problems or handicaps that may affect activities or progress? \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Has applicant ever taken any type of psychiatric, psychological or educational testing other than the regularly administered school achievement tests? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Has applicant ever been seen by a psychologist or psychiatrist? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Has applicant ever been enrolled in an E.H. or S.L.D. class in a public or private school ? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Has applicant been diagnosed as being A.D.D. or A. D. H. D.? \_\_\_\_\_

**Has applicant ever received any tutoring or therapy? \_\_\_\_\_ Explain: \_\_\_\_\_**

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**We heard about this school by: ( ) Friend ( ) Radio ( ) Newspaper ( ) Other \_\_\_\_\_**

**Please state clearly why you wish to send your child to Carolina Christian Academy.**

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Student Name \_\_\_\_\_  
Grade Entering \_\_\_\_\_

**MEDICAL RELEASE FORM**

To: Emergency Personnel

I hereby give my consent to any emergency medical personnel to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

I hereby grant permission for my son/daughter to participate in any and all sports and all extra-curricular activities. I waive, release, absolve, and hold blameless First Free Will Baptist Church and Carolina Christian Academy and their administrators, teachers, supervisors, physical education directors, managers, persons transporting my child to and from school activities and other participants, from any claim arising out of an injury or sickness to my child.

I authorize the personnel at Carolina Christian Academy to administer first aid to my child in the event of their involvement in an accident, injury or sickness.

**THIS FORM MUST BE NOTARIZED**

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

State of North Carolina  
Clay County

\_\_\_\_\_  
DRIVERS LICENSE #

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me came \_\_\_\_\_,  
to me known to be the individual described in and who executed the same.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

**EMERGENCY INFORMATION:**

Child's Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_  
Insurance Name \_\_\_\_\_ Policy # \_\_\_\_\_  
Hospital Preference \_\_\_\_\_

**PICK-UP/ EMERGENCY LIST:** Please list the people who are allowed to pick up your child from Carolina Christian Academy AND can be contacted in case of an emergency. It is the sole responsibility of the parent to notify the school of any changes to this list.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other # \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other # \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other # \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other # \_\_\_\_\_

**Medical History:**

Previous hospitalization? ( ) No ( ) Yes- If yes, why? \_\_\_\_\_  
Is child allergic to anything? ( ) No ( ) Yes - If yes, what? \_\_\_\_\_  
Any previous diseases or illness? ( ) No ( ) Yes- -If yes, what? \_\_\_\_\_  
Is the child under the care of a doctor? ( ) No ( ) Yes -If yes, for what reason? \_\_\_\_\_  
Does child take any prescribed medications on a daily basis? ( ) No ( ) Yes- If yes, please list. \_\_\_\_\_

**NOTICE:** No medication will be dispensed without a written prescription (i.e. Tylenol, Motrin, etc)

Any history of convulsions? ( ) No ( ) Yes- If yes, please explain. \_\_\_\_\_  
Are there any special instructions that we should know about? ( ) No ( ) Yes- If yes, please list. \_\_\_\_\_