



Covenant Christian Academy

Soli Deo Gloria – Glory to God Alone

6905 Post Road • Cumming, Georgia 30040

770.674.2990 • 770.674.2989 FAX



New Student Application

Applying for the _____ to _____ school year for the _____ grade.

NOTE: Please carefully read and complete this application in its entirety and return it to the school with the non-refundable \$100 per student application fee. If current transcripts are available, please forward them to the school with the application.

Student Information

Last Name	First Name	Middle Name	Name Called	
Street	City	State	Zip Code	County
Home Phone	Student Cell Phone	Student (7 th -12 th grades) Email Address		
Gender (Male or Female)	Date of Birth	Age on September 1 st	Social Security Number	
Name of Present or Last School Attended				
Street	City	State	Zip Code	County

Ethnicity (please circle):

American Indian or Alaskan Native // Asian // Black or African American // Caucasian // Hispanic or Latino // Native Hawaiian or Other Pacific Islander // Non-Hispanic / Latino

If not listed, please describe in the box below:

Current Grade Level (please circle): K4 K5 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Does your student have an Individual Education Plan (IEP)? NO YES

Has your student been diagnosed with a condition such as autism, Asperger's, dyslexia, ADD, or ADHD? NO YES

If yes, please explain.

Has your student ever been referred for testing or placed in a special program? NO YES

If yes, please explain.

Notice of Non-Discriminatory Policy

Covenant Christian Academy admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate upon the basis of race, sex, or national origin, but upon the student's intellectual, moral, and personal qualifications in administration of its educational policies, scholarship, athletic, and other school administered programs.

FOR OFFICE USE ONLY

DATE RECEIVED: _____ FEE RECEIVED: _____ INTERVIEW DATE: _____

Student Name: _____

Family Information

Father
Name:
Employer:
Work Phone:
Home Phone:
Cell Phone:
Email:
Church:
Church Phone:
Pastor:
Do you regularly attend church?
Are you a church member?
Stepmother's Full Name:

Mother
Name:
Employer:
Work Phone:
Home Phone:
Cell Phone:
Email:
Church:
Church Phone:
Pastor:
Do you regularly attend church?
Are you a church member?
Stepfather's Full Name:

Please thoroughly describe any existing custodial matters in the box below. Attach additional pages if necessary.

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Person(s) responsible for paying tuition:

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Please list the names and ages of other children in the family:

Name _____ Age ____	Name _____ Age ____	Name _____ Age ____	Name _____ Age ____
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How did you learn about or become interested in CCA?

____ friend or family ____ website ____ billboard ____ other (please describe):

Please share why you want your children to attend CCA.

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Signature of person completing this application

Relationship to student



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Statement of Faith

1. **We believe** the Bible to be the inspired, only infallible, authoritative, inerrant Word of God (2 Timothy 3:16; 2 Peter 1:21; John 10:30).
2. **We believe** that there is one God, eternally existent in three Persons: Father, Son, and Holy Spirit. He is omnipotent; that is, He can do all things. He is omnipresent; that is, He is present to all creation and has under His immediate authority all things which are in Heaven, in the earth, and under the earth. He is omniscient; that is, He knows all things. He readily exercises His power which is present everywhere, and to Him, there is nothing that is impossible or unknown, that is, He knows what has been from eternity, what now takes place everywhere, and what will be to all eternity (Genesis 1:1; Matthew 28:19; John 10:30).
3. **We believe** in the deity of Christ, His virgin birth, His sinless life, His miracles, His vicarious and atoning death through His shed blood, His bodily resurrection, His ascension to the right hand of the Father, and His personal return in power and glory (Isaiah 7:14; Matthew 1:23; Mark 16:19; Luke 1:35; John 2:11, 10:33, 11:25; Acts 1:11; I Corinthians 15:3-4; Ephesians 1:7; Hebrews 2:9, 4:15, 7:26; Revelation 19:11).
4. **We believe** in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature; men are justified by the shed blood of Christ; and we are saved by God's grace through faith alone (John 3:16-21, 5:24; Romans 3:23, 5:8-9; Ephesians 2:8-10, Titus 3:5).
5. **We believe** in the resurrection of both the saved and the lost; the saved unto the resurrection of life, and the lost to the resurrection of damnation (John 5:28-29).
6. **We believe** in the spiritual unity of all believers in our Lord Jesus Christ (Romans 8:9; I Corinthians 12:12-13; Galatians 3:26-28).
7. **We believe** in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life (Romans 8:13-14; I Corinthians 3:16, 6:19-20; Ephesians 4:30, 5:18).
8. **We believe** that all human life is sacred and created by God in His image. Human life is of inestimable worth in all its dimensions, including pre-born babies, the aged, the physically or mentally challenged, and every other stage or condition from conception through natural death. We are therefore called to defend, protect, and value all human life. (Job 12:10; Psalm 139; Isaiah 49:5; Jeremiah 1:5; Ephesians 2:10.).
9. **We believe** that every believer should strive to walk by the Spirit and engage in a lifestyle that stimulates a Christ-centered maturation in their lives as well as the lives of those around them. Christians should strive to both identify and flee from influences and practices which hinder an individual from maturing in their relationship with Christ. The Bible warns that immorality of any type, including but not limited to sexual immorality in any form, idolatry, theft, greed, and drunkenness may disqualify us from inheriting the kingdom of God. Moreover, all believers are to engage in gospel conversations, to live Christ-honoring lives, and to work continuously towards the spread of the gospel to all nations (Matthew 5:16, 28:19-20; Mark 16:15; John 20:21; Acts 1:8; Romans 6:1-14, 12:1-2; 1 Corinthians 6:9-20; 2 Corinthians 5:20, 6:14-7:1; Galatians 5:16-25; Colossians 3:1-17; James 4:4; 1 John 2:15-17).

Final Authority for Matters of Belief and Conduct

This statement of faith does not exhaust the extent of our beliefs. The Bible itself, as the inspired and infallible Word of God that speaks with final authority concerning truth, morality, and the proper conduct of mankind, is the sole and final source of all that we believe. For purposes of Covenant Christian Academy's faith, doctrine, practice, policy, and discipline, our board of directors and administrative faculty are our final interpretive authority on the Bible's meaning and application.

Mission Statement

The mission of Covenant Christian Academy is to glorify God by partnering with Christian families to provide an academically excellent education that approaches every discipline from a Christ-centered, biblical worldview.

Vision Statement

The vision of Covenant Christian Academy is to be an instrument in the intellectual, physical, social, and spiritual growth of each student.



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Statement of Cooperation

Student's Name: _____

Important: This contract is between Covenant Christian Academy and the parents / guardians of its students. It is to be read thoroughly, signed by the parents / guardians, and returned to the school.

I / We understand that:

- (1) The non-refundable application fee of one hundred dollars (\$100) per student, is to be paid before my child is considered for admission;
- (2) The tuition is due on the first day of each month;
- (3) No discounts are given due to absences;
- (4) The full school year's tuition is payable unless the family is transferred out-of-town;
- (5) Covenant Christian Academy has the right to dismiss any student who fails to cooperate with the educational program or whose attitude and cooperation does not comply with the spirit of the school;
- (6) The school may discipline* students when deemed necessary by the administration and/or faculty;
- (7) All applications are subject to the approval of the Board of Directors of Covenant Christian Academy;
- (8) A personal interview with parent and child will be conducted before admission is granted;
- (9) A health record including immunization and any known illnesses or disabilities must be submitted to the school;
- (10) The doctrinal convictions of Covenant Christian Academy are expressed in the Statement of Faith (below) and the Westminster Confession of Faith and Catechisms. By signing this document I am in agreement with their content.

**CCA does not administer any means of corporal punishment.*

Agreement

I agree to allow my child to participate in all school activities (on and off campus) and agree to absolve the school from liability to me or my child because of injury to my child at school or during any school activity.

I agree to pay all costs incurred by Covenant Christian Academy or its personnel in the event that legal action is brought against Covenant Christian Academy or its personnel on behalf of me or my child if Covenant Christian Academy or its personnel is found not guilty.

I will properly address any questions and concerns directly to the administration of the school in a prompt manner.

Signature of Parent / Guardian

Date

Signature of Parent / Guardian

Date



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Student Health Statement

Student's Name: _____

Important: Please notify the school of any changes to this information during the course of the school year.

Current Health Status:

(1) Does the student have any chronic health problems?

YES NO

If yes, please describe:

(2) Does the student use any medication on a regular basis?

YES NO

If yes, please describe:

(3) Does the student have: (Circle all that apply)

Asthma // Hay Fever // Diabetes // Migraines // Allergies // Heart Problems // Seizures // Hypoglycemia

(4) Does the student have any physical limitations?

YES NO

If yes, please describe:

(5) Does the student have difficulty hearing?

YES NO

If yes, please describe:

(6) Does the student have difficulty seeing?

YES NO

If yes, please describe:

Consent

I hereby give consent to Covenant Christian Academy to obtain medical attention for my child in the event of an emergency.

I hereby give consent for my child to attend school sponsored field trips.

Signature of Parent / Guardian

Date

Signature of Parent / Guardian

Date



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Emergency Information

Important: In order of priority, please list the contact information of the persons you would like for the school to contact in the event a parent / guardian cannot be reached in the event of an emergency or illness. This list will also be used if your child has not been picked up from school on time.

Student's Name:	Cell Phone:
Father / Guardian's Cell Phone:	Mother / Guardian's Cell Phone:

FIRST EMERGENCY CONTACT

Name:	Relationship to Student:
Address:	
Home Phone:	Cell Phone:

SECOND EMERGENCY CONTACT

Name:	Relationship to Student:
Address:	
Home Phone:	Cell Phone:

THIRD EMERGENCY CONTACT

Name:	Relationship to Student:
Address:	
Home Phone:	Cell Phone:

FOURTH EMERGENCY CONTACT

Name:	Relationship to Student:
Address:	
Home Phone:	Cell Phone:

Paternal Grandparents

Name:	Phone:
Address:	

Maternal Grandparents

Name:	Phone:
Address:	



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Authorization to Release Educational Records

To the Applicant:

Please complete the authorization below and deliver this form to your guidance counselor or principal.

Last Name	First Name	Middle Name	Current Grade Level
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In accordance with federal regulations regarding the privacy rights of parents and students under The Family Educational and Privacy Act of 1974, the undersigned hereby consent to the release to Covenant Christian Academy of all educational records about the above-named individual who is applying to Covenant Christian Academy, including such other information that may be requested.

Signature of Parent / Guardian

Date

Signature of Parent / Guardian

Date

To the Principal, Guidance Counselor, or Registrar:

The student named above has made application for admission to Covenant Christian Academy. We would appreciate the prompt submission of the documents checked below to our office:

- ☐ A transcript of the student's record to date, including grades for courses in progress;
- ☐ A copy of the student's complete test profile;
- ☐ All health records, including immunizations, vision and hearing tests;
- ☐ A copy of all psychological reports;
- ☐ A copy of the student's Individual Education Plan (IEP);
- ☐ A copy of special education placement forms;
- ☐ A copy of any discipline records.

If this student is admitted to Covenant Christian Academy, at the termination of this school year we shall request a final transcript of the student's record. Please hold this authorization form on file so that a second form will not be necessary at that time.

This information should be mailed to:

DIRECTOR OF ENROLLMENT SERVICES
COVENANT CHRISTIAN ACADEMY
6905 POST ROAD
CUMMING, GA 30040

or emailed to:

CAROLYN ZAUCHE, DIRECTOR OF ENROLLMENT SERVICES
CZAUCHE@COVENANTRAMS.ORG