Covenant Christian Academy

"Soli Deo Gloria" - "For God's Glory Alone"

6905 Post Road, Cumming, GA 30040

Phone: 770-674-2990 Fax: 770-674-2989

NEW STUDENT APPLICATION

For School Year:

_____ to _____

For Grade _____

Date_____

For Office Use Only

Date Rec'd _____

Fee Rec'd _____

Interview Date _____

Please read carefully and complete all of the following information. Please return with the **$100 per student** application fee.
If current transcripts are available, they too, should be returned with the application and fee.

Name of Student _____
Last First Middle Name Called

Student SSN: _____ **Gender (Female or Male):** _____

Student Home Address _____

_____
City State Zip Code County

Home Telephone No. _____ **Birthdate** ____/____/____ **Age on Sept. 1** _____

Name of Present or Last School Attended _____

_____

_____
City State Zip

Current Grade Level _____ Has your child ever repeated a grade? _____ If so, which one? _____ Year _____

Has your student been diagnosed with autism, dyslexia, ADD, or ADHD? Yes___ No___ If yes, please explain:

_____

Has your student ever been referred for testing or placed in a special program? Yes___ No___ If yes, please explain:

_____

Family Information

Father's Information

Name _____
Occupation _____
Work Ph.# _____
Cell Ph. # _____
Church _____
Church Ph.# _____
Pastor _____
Do you attend regularly? _____ Are you a church member?_____

Mother's Information

Name _____
Occupation _____
Work Ph.# _____
Cell Ph. # _____
Church _____
Church Ph.# _____
Pastor _____
Do you attend regularly? _____ Are you a church member?_____

Stepmother's Full Name _____

Stepfather's Full Name _____

Person responsible for paying student's tuition: Full Name _____

Address _____ City _____ State/Zip _____

Names and Ages of Other Children in the Family:

Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

How did you become interested in CCA? _____

_____

Why do you want your child to attend CCA? _____

_____

_____ _____
Signature of person filling out the application. *Relationship to student*

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STATEMENT OF COOPERATION

and PARENT CONTRACT

Student's Name _____

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

I (We) understand that:

1. The non-refundable application fee of one hundred dollars ($100.00) 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 because of absences.
4. The full 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 Covenant Christian Academy.
6. The administrator or faculty may discipline students when needed.
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.
9. A health record including immunizations and any known illnesses or disabilites must be submitted.
10. The doctrinal statement of Covenant Christian Academy is the Westminster Confession of Faith and Catechisms.
11. I agree with the statement of faith.

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.

Signature of Parent/Guardian Father	*Date*	*Signature of Parent/Guardian Mother*

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HEALTH INFORMATION

Student's Name_____

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 regularly? 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

   Please list all allergies:_____

4. Does the student have any physical limitations? Yes No

   If yes, please describe:_____

5. Does the student have difficulty hearing? Yes No Does the student wear hearing aides? Yes No

6. Does the student have difficulty seeing? Yes No

   Will the student wear glasses or contact lenses in school? Yes No

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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*

Please notify the school office of any changes in address, phone numbers, emergency information or other vital information.

EMERGENCY INFORMATION

Please list in order of priority the names, addresses, and phone numbers of the persons you wish us to contact in the event you can not be reached in an emergency. This list will also be used if your child has not been picked up at school on time.

Student's Name _____

Cell Phones _____ _____

Father *Mother*

First Emergency Contact:

Name: _____ **Relationship to Student:** _____

Address: _____

Home Phone: _____ **Cell:** _____

Second Emergency Contact:

Name: _____ **Relationship to Student:** _____

Address: _____

Home Phone: _____ **Cell:** _____

Third Emergency Contact:

Name: _____ **Relationship to Student:** _____

Address: _____

Home Phone: _____ **Cell:** _____

Fourth Emergency Contact:

Name: _____ **Relationship to Student:** _____

Address: _____

Home Phone: _____ **Cell:** _____

Grandparents (Please complete if grandparents are living.)

Paternal: ❒ Living ❒ Deceased

Full Name:_____

Street Address:_____

City, State, Zip:_____

Phone:_____

Maternal: ❒ Living ❒ Deceased

Full Name:_____

Street Address:_____

City, State, Zip:_____

Phone:_____

Notice of Nondiscriminatory 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.

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REQUEST FOR TRANSCRIPT

AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

TO THE APPLICANT:

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

Student _____ **Grade** _____
(Print) *Last Name* *First Name* *Middle Name* *Current*

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.

_____ _____
Date *Signature of Parent/Guardian*

TO THE PRINCIPAL OR GUIDANCE COUNSELOR:

The student named above has made application for admission to Covenant Christian Academy. We would appreciate your promptly sending the following checked items:

- ❒ 1. A transcript of the student's record to date, including grades for courses in progress.
- ❒ 2. A copy of the student's complete test profile.
- ❒ 3. All health records, including immunizations, vision, and hearing tests.
- ❒ 4. A copy of all psychological reports.
- ❒ 5. A copy of Individual Educational Plan.
- ❒ 6. A copy of Special Educational Placement forms.
- ❒ 7. 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 Admissions
Covenant Christian Academy
6905 Post Road
Cumming, Georgia 30040

Phone: 770-674-2990 **Fax:** 770-674-2989

Thank you for your cooperation.