

Columbia Christian Academy Application

STUDENT INFORMATION

Name _____
(LAST) (FIRST) (MIDDLE)

Address _____

City/State _____ Zip _____

Telephone _____ Cell _____ Work _____

Age _____ Sex _____ Birth Date _____ Birthplace _____

Family Information

Father's Name _____

Employment _____

Position _____ Business Phone _____

Mother's Name _____

Employment _____

Position _____ Business Phone _____

Emergency Telephone Number,
Other than those already listed _____

Marital Status: Married _____ Widow _____

Divorced _____ Separated _____

If parents are divorce, who has legal custody of child? _____

Please bring the most recent court appointed custody orders. A copy will be kept in the student's file.

Religious Information

Church Attending _____

Address _____

Pastor _____

Father: Christian? Yes _____ No _____

Mother: Christian? Yes _____ No _____

Has applicant ever made a profession of faith in Christ?

Yes _____ No _____

Medical Information

Family Physician _____

Phone _____

Does student have any physical defects or allergies? _____

Explain: _____

Is student's shot record updated? Yes _____ No _____

Columbia Christian Academy needs an update shot record in student's file.

Scholastic Information

Has student ever been expelled, dismissed, suspended, or refused admission to another school? _____

If yes, explain: _____

Has student ever had disciplinary difficulty at school? _____

If yes, detail: _____

Does student have a juvenile or arrest record? _____

If yes, explain: _____

Has student ever used tobacco or nonprescription drugs of any kind? _____

If yes, explain: _____

Please indicate academic level of student's previous work:

Excellent _____ Good _____ Average _____ Poor _____

Has student ever failed an academic subject in school? _____

If yes, explain: _____

Registration Information

Student grade _____ Expected Entry Date _____

Have you attended Columbia Christian Academy previously? _____

If so, what school year/grade? _____

Previous School Attended _____ Last Grade Completed _____

Address _____

Does the child have an Individual Evaluation Plan (IEP) Y/N of a 504 Accommodation Plan Y/N?

How did you hear about this school? _____

Reason for selecting this school? _____

Application must be filled out completely before it can be processed.

Application, Registration, and Testing Fees of \$25.00 must accompany Application and are not refundable.

An interview with the parents and the student will be required before final acceptance.

Parent/Guardian Signature _____