

COMMUNITY CHRISTIAN ACADEMY

www.ccapaducah.org
110 Lebanon Church Road
Paducah, KY 42003
Tel: (270) 554-1651
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FOR OFFICE USE ONLY

Testing Date _____
Date Accepted _____
Date denied or withdrawn _____
Starting Date _____
Student ID# _____
Family ID# _____

APPLICATION FOR ADMISSION (Grades K-12)

SECTION I. STUDENT INFORMATION

Name _____ Nickname _____
Last First Middle

Social Security Number _____ Sex _____ Age _____

Home Address _____ E-mail _____

City, State _____

Zip Code _____ Date of Birth _____

Telephone _____ City/County of Birth _____

Race:

- | | |
|---|---|
| <input type="radio"/> African American | <input type="radio"/> Hispanic/Latin American |
| <input type="radio"/> Asian American/Pacific Islander | <input type="radio"/> Multi-racial/Bi-racial |
| <input type="radio"/> Caucasian | <input type="radio"/> Native American/Alaskan |
| <input type="radio"/> Asian | <input type="radio"/> Other _____ |

(A copy of official birth certificate must accompany this application.)

Name of school district in which student resides (example: McCracken County, Paducah City, Massac County, Ballard County, etc.) _____

Grade for which applying _____ School Year _____

Referred by _____

KINDERGARTEN APPLICANTS ONLY

Students entering the K-5 program must be 5 years old on or before October 1.

Please fill out the following information regarding your child's preschool experience. You will then proceed to Section III, and fill out the remainder of the application, where applicable.

Preschool attended _____

Name of teacher _____

SECTION II. ACADEMIC INFORMATION

1. List all previous schools attended starting with most recent.

Name and address of school	Principal	Telephone	Grade	Year	Reason for leaving
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. How would you rate your child's academic performance?

Excellent _____ Good _____ Fair _____ Poor _____

3. Please answer the following questions with a yes or no and explain any "yes" answers.

Has your child:

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 1. been retained a grade? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. been advanced a grade? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. had any discipline difficulties in school? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. been expelled from school? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. had learning problems or difficulties? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. made below 2.0 GPA? (grade point average) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. been referred to a resource teacher? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. ever had modifications made in the classroom? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Explain: _____

SECTION III. FAMILY INFORMATION

 Father's Name

 Mother's Name

 Address (if different from applicant)

 Address (if different from applicant)

 City, State, Zip

 City, State, Zip

 Home Phone

 Cell Phone

 Home Phone

 Cell Phone

 Email

 Email

 Employer/Occupation

 Employer Occupation

 Business Phone

 Business Phone

1. Indicate the total number of people living in your home. _____
2. List all children living at home and indicate those who are currently enrolled in or who are applying for admission to CCA.

Name	Sex	Age	Grade	Applying at CCA or currently enrolled
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Who has custody of the applicant? _____
(Please provide documentation supporting custody, if applicable.)

4. Person(s) who will be responsible for paying tuition. _____
Name Relationship to Applicant

5. Grandparent information

_____ Maternal Grandmother's Name

_____ Maternal Grandfather's Name

_____ Address

_____ Address

_____ City, State, Zip

_____ City, State, Zip

_____ Phone Number

_____ Phone Number

_____ Paternal Grandmother's Name

_____ Paternal Grandfather's Name

_____ Address

_____ Address

_____ City, State, Zip

_____ City, State, Zip

_____ Phone Number

_____ Phone Number

SECTION IV. GENERAL INFORMATION

Please complete the following in its entirety.

1. How did you become interested in CCA? _____

2. State briefly why you want your child to attend CCA? _____

3. Describe any physical or emotional disabilities which may affect the students' activities or progress. (Reply will be held in strict confidence.) _____

4. Are there any unusual factors in the child's life? (Absence of father or mother, grandparents in home, unusual accidents or serious illness, premature birth, etc.) _____

5. Has the student ever been administered psychological, behavioral, or academic testing to determine if he/she has a learning disability, ADD, ADHD, behavioral or emotional disorder? Yes No
(If yes, please provide dates, test results, evaluations, etc. This information is not routinely part of the cumulative folders and must be requested by the parents/guardian from the resource teacher or school counselor.)
6. Is the student presently taking any medication for medical or learning problems? Yes No
If yes, please provide kind of medication, dosage and frequency. _____
(Please provide a copy of a medical evaluation, which must be dated within the last twelve months.)
7. Has the student ever had an IEP or been recommended for tutoring or remedial instruction? Yes No
(If yes, please provide dates and areas of remediation along with written evaluations.)
8. Has the student ever been suspended or expelled from school? If so, please explain. _____

9. Has your child been in trouble with the law? Yes No
Does your child use tobacco? Yes No
Does your child use alcohol? Yes No
If you answered yes on any question, please give an explanation. _____

10. Do you understand that if a student's academic testing reveals a reading or math score at or below the 4th stanine or the 35th percentile, further testing may be necessary to complete the application process?
 Yes No
11. CCA has a mandatory drug testing policy for all high school students, grades 9 through 12. This policy's purpose is threefold: (1) to provide for the health and safety of all students; (2) to undermine the effects of peer pressure by providing another legitimate reason for students to refuse to use illegal drugs; and (3) to encourage students who use drugs to participate in drug treatment programs. Do you understand and agree to the school's drug testing policy for its high school students? Yes No
12. What is your belief about the role of parents in education? _____

What are your beliefs about Jesus Christ?

What are your beliefs about Jesus Christ?

What are your beliefs about the Bible?

What are your beliefs about the Bible?

Do you support the CCA Statement of Faith?

Yes No

Father's Signature

Date

Do you support the CCA Statement of Faith?

Yes No

Mother's Signature

Date

SECTION VI. STUDENT QUESTIONNAIRE

Why did you choose Community Christian Academy? _____

In what specific activities are you especially interested and why? (examples include art, drama, band, vocal, service, sports, etc.) _____

Church attending _____

Church address _____

Telephone _____

What are your beliefs about Jesus Christ? _____

Please describe your salvation experience or understanding of faith in Christ? (An answer of not applicable is acceptable if a child or youth has not yet developed a personal faith in Christ.)

What are your beliefs about the Bible? _____

Student Signature