



COLUMBUS

Christian Academy

Admission Checklist

This application must be completed entirely by or on behalf of all students seeking admission to Columbus Christian Academy. It should be submitted to the Admissions Office.

- ✓ Application completed and returned
- ✓ Copy of student's Birth Certificate
- ✓ Copy of Student's Social Security Card
- ✓ Mississippi Certificate of Immunization Compliance Form 121
- ✓ Copy of recent report card, achievement test, high school transcript
- ✓ Registration Fee (\$200 through March 31, 2020; \$350 after March 31, 2020)
- ✓ Signed Statement of Faith
- ✓ Signed Commitment of Cooperative Effort
- ✓ Signed Student Conduct Agreement (7th – 12th Grades)
- ✓ Family Interview (After CCA has reviewed student application, applicants will be contacted by an Administrator or Guidance Counselor to schedule an interview)
- ✓ Signed Educational Contract

Event	Date(s)
Returning students enrollment begins	Feb. 3, 2020
Open enrollment for new students begins	Feb. 18, 2020
Last day for discounted registration fee	March 31, 2020
Supply Fee due (\$ 75) & Athletic Fee for 7th-12th (\$125)	July 1, 2020
10 Month tuition plan payment begins	July 1, 2020 – April 1, 2021

Notice of Nondiscriminatory Policy as to Student

Columbus Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, athletic programs, and other school-administered programs.

Columbus Christian Academy Application Form

2020-2021

Grade Entering _____

New Student Information:

Student's Legal Name _____
Last First Middle Goes By

Student's Address _____
Street Apt. No. City State Zip

Student's Social Security No. _____ Student's Cell Number _____

Student's Email Address _____ Family Church Name _____

Date of Birth _____ Age _____ () Male () Female Child # _____ of _____

Mother's Maiden Name _____

Transfer Student () Yes () No If yes, Name of last school attended _____

Address of School _____ Phone _____

Parent/Guardian Information:

Parent 1

_____ Last First

Home Address _____
Street Apt. No. City State Zip

Home Phone _____ Cell Phone _____

Employer _____ Phone _____

Email _____ (This email will be used to receive our school wide emails).

CCA Alumni () Yes Year _____ () No

Parent 2

_____ Last First

Home Address _____
Street Apt. No. City State Zip

Home Phone _____ Cell Phone _____

Employer _____ Phone _____

Email _____ (This email will be used to receive our school wide emails).

CCA Alumni () Yes Year _____ () No

Family Information:

Student lives with: () Father () Mother () Legal Guardian () Stepfather () Stepmother
Student's parents are: () Married () Separated () Divorced
If divorced please indicate type of custody ordered by the court: () Joint () Sole

Are there any legal custody situations that CCA should know? () Yes, please explain () No

Does your child have siblings currently attending CCA? () No () Yes

Name & Grade _____, Name & Grade _____

Name & Grade _____, Name & Grade _____

Emergency Contacts:

List 2 additional contacts to be used in the event parents cannot be reached:

Name _____ Relationship _____ Cell _____

Name _____ Relationship _____ Cell _____

Pick Up Information:

In addition to emergency contacts, the following may pick up your child:

Name _____ Relationship _____ Cell _____

Name _____ Relationship _____ Cell _____

Medical History:

Does your child suffer from chronic or acute illness such as diabetes, epilepsy, asthma, or allergies, etc.? If so, please explain.

Does your child take medicine daily? If so, please list.

Describe any special learning differences, diagnoses, medical needs and other situations concerning this student that CCA should know.

Medical Consent:

I give permission for the staff at CCA to administer medicine/medical treatment to my child when necessary.
I will not hold any individual or Columbus Christian Academy responsible for any illness or injury to my child which may result in administering medicine/medical treatment. () Yes or () No

Discipline: The discipline procedure of the school requires your cooperation. Therefore we, as parents, hereby agree to abide by the rules and regulations as adopted by CCA and those printed in the Student Handbook. Should we have questions concerning the enforcement of these rules we will communicate with school personnel according to the proper chain of authority which is: teacher, then administrator, then school board.

Student Name _____ Parent Signature _____

Handbook Acknowledgement:

It is very important that **you** and **your students in 5th -12th grades** read the handbook. Parents/guardians of K3-4th grade students are responsible for becoming familiar with the handbook policies that affect students in these grades.
_____ accepts parental responsibility regarding all rules as described in the CCA handbook.

(Parent Signature)

_____ will read and will follow all rules as described in the CCA handbook.

(Student Signature: 5th-12th grades only)

(Student handbook can be downloaded at columbuschristian.com)

Public Affairs:

CCA has my permission to use my child's name, photograph, and/or quotes for promotional purposes in the media () Yes () No.
I give CCA permission to publish my information in the school's student directory () Yes () No.