



STUDENT APPLICATION FORM

Enrollment Application 2020 – 2021

Campus _____

Grade Entering: _____ Scholarship _____

Date Submitted: _____ Phone: _____ 2nd Phone: _____

Student's LEGAL Name: _____ Sex: ☐ Female ☐ Male

Birthdate: ____/____/____ Age: _____ Social Security # _____

Address: _____
(Street) (Apt#) (City) (State) (Zip)

Place of Birth: _____ Previous School: _____

School District: _____ US Citizen: Yes _____ No _____

Year Entered the U. S. _____ Number of Years in U.S. Schools: _____ Number of Years in Schools outside the U.S. _____

Special Service Testing: ☐ Speech ☐ ADHD ☐ Learning Disabilities ☐ Emotional Impairment
(Please include a copy of the results of these tests with your application)

Special Services Received: ☐ Speech ☐ Bilingual/ELS ☐ Special Education ☐ Counseling

Ethnic Background: ☐ American Indian / Alaskan ☐ Hawaiian / Pacific Islander
☐ Asian ☐ White ☐ African American ☐ Hispanic / Latino

Languages Spoken in the Home: 1. _____ 2. _____ 3. _____

Student Living With:

☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Mother and Stepfather ☐ Father and Stepmother ☐ Guardian

Mother's Name: _____ Place of Employment: _____

Cell Phone: _____ Business Phone: _____ Fax: _____

Drivers License #: _____ Email Address: _____

Father's Name: _____ Place of Employment: _____

Cell Phone: _____ Business Phone: _____ Fax: _____

Drivers License #: _____ Email Address: _____

Other Children Living in the Home:

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

SPIRITUAL INFORMATION:

Name of Church: _____ Years attending: _____

Pastor Name: _____ Phone: _____

CONTACTS:

(List 3 neighbors or relatives who will assume temporary care of your child if parents can't be reached)

Name: _____ Cell: _____ Relationship: _____

Name: _____ Cell: _____ Relationship: _____

Name: _____ Cell: _____ Relationship: _____

PARENTAL CONSENT (must be signed at the bottom of page)

Emergency Care and Pick-up Permission:

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I authorize the school to make whatever arrangements deemed necessary.

School Health Services:

I request that my child participate in any health appraisal activities conducted in school by a Public Health Nurse. The activities may include screening for vision and hearing problems and scoliosis. I understand that there is no charge for these services.

Statement of Non- Discriminatory Policy

I have been informed that CPCA 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.

Concerning special services received must be attached to the application form to be placed on the school waiting list. At enrollment time copies of the following items must be submitted: Birth certificate, Immunization records, Physical exam and social security card. There is a fee for cancellation or withdraw of your child before the End of school year.

Parent Signature: _____ Parent Signature: _____
Central Pointe Christian Academy complies with applicable State law that prohibits discrimination against a student in the full utilization of or benefit from the School, or the services, activities, or programs provided by the School because of race, color, national origin, or sex. There is a \$500 withdraw /cancellation fee before December and \$450.00 after December and I agree to pay it when I sign this form.

Please answer the following questions:

- 1) How did you hear about our school?

- 2) Why do you want your student to attend Central Pointe Christian Academy?