

APPLICATION FOR ADMISSION

(Please print or type)

STUDENT INFORMATION

Date of Application: _____

Last Name		First Name		Middle	Grade Applying For
Date of Birth	Age	E-Mail			Male Female
Address		City	State		Zip Code
Home Phone		Birthplace (City, State)			
Emergency Name (Other than parent and local)				Emergency Phone	
Father's Name			Mother's Name		
Address (if different from child)			Address (if different from child)		
Work Phone	Cell Phone		Work Phone	Cell Phone	
Fax #	E-Mail		Fax#	E-Mail	
Employer			Employer		
Type of Work			Type of Work		
Marital Status			Marital Status		
Student Resides with <input type="checkbox"/> Mother/Father <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other (please specify)					

Public School District in which child resides (example: Westerville, Gahanna, Columbus, New Albany)	Home-base <u>public</u> school your child would attend:
Name of last school attended	
Has the student had previous problems with any of the following: <input type="checkbox"/> Discipline <input type="checkbox"/> Academics <input type="checkbox"/> Social Adjustment <input type="checkbox"/> Civil Authority	
Give a brief explanation:	

Name of Child's Doctor	Phone Number
Address	
Name of Child's Dentist	Phone Number
Address	
Any Health Problems to be aware of? If yes, please explain:	
Any special needs to be aware of? If yes, please explain:	

Are you interested in before/after-school child care for the 2009-2010 school year? Yes No

WHO WILL BE RESPONSIBLE FOR FEES AND TUITION?
Name
Address

WOULD YOU LIKE YOUR NAME AND PHONE NUMBER INCLUDED ON A CARPOOL LIST? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Nearest Cross Street:
YOU WERE REFERRED TO CCCA BY:

NAMES OF SIBLINGS AND BIRTHDATES

Name	Birthdate
2.	
3.	
4.	
5.	

CHURCH INFORMATION

Church Name	Pastor
Address	Phone
Member Yes No	

REFERENCES

Church - Pastor, Youth Pastor, Sunday School Teacher		
Address		
City, State	Zip	Telephone
School - Teacher or Counselor		
Address		
City, State	Zip	Telephone
School - Teacher or Counselor		
Address		
City, State	Zip	Telephone

Student Activities Permission

Permission is granted for my child to take part in all school activities, including sports in Physical Education classes and at recess, as well as trips sponsored by the school away from the premises. I agree to relieve the school and any of its employees from any liability to connection with these activities and instructions.

YES _____ NO _____

SIGNED _____ DATE _____

Office Use Only

_____ Date Application Received	_____ Proof of Immunization
_____ Date Application Complete	_____ Birth Certificate
_____ Date of Screening Test	_____ Screening Test Fee Paid
_____ Date of Interview	_____ Signed Parent's Code
_____ Date of Letter of Acceptance/Rejection	_____ Signed Family Commitment
_____ Date of School Records Request	_____ Most Recent Grade Card (1-6)
_____ Screening Test Score	_____ Academic Fee Paid

Notes: _____

_____ Accepted _____ Declined