



COMMUNITY CHRISTIAN ACADEMY 2020-2021 ENROLLMENT APPLICATION

Phone: (772) 288-7227 | Address: 777 SE Salerno Rd. Stuart, FL 34997 | Email: office@ccacougars.net

STUDENT INFORMATION

Date _____

Name _____
First Middle Last

Student's country of citizenship _____ Male Female Birth Date _____
MM/DD/YYYY

Previous School _____

Address _____
Street City State Zip

Has the student ever been dismissed from school? Yes No

If yes, which school and reason? _____

Entering grade level _____ Current GPA (if known) _____

#1 PARENT/GUARDIAN INFO: (where student lives) (Mother/Father/Guardian - Circle One)

(Mr./Mrs./Ms.) First Name _____ Middle _____ Last Name _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work Phone _____

Date of Birth _____ Email _____

Occupation _____ Employer's Name _____

#2 PARENT/GUARDIAN INFO: (Mother/Father/Guardian - Circle One)

(Mr./Mrs./Ms.) First Name _____ Middle _____ Last Name _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work Phone _____

Date of Birth _____ Email _____

Occupation _____ Employer's Name _____

Church presently attending: _____

How did you hear about CCA? _____

Did someone recommend CCA to you? Yes No If yes, who? _____



Student Name: _____

Grade: _____ Student ID #: _____

Official Use Only

EMERGENCY CONTACT INFORMATION

List two people to contact if parents/guardians cannot be reached:

Name _____	Name _____
Relationship _____	Relationship _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____

The following **have permission** to pick up my child in my absence _____

The following **do not have permission** to pick up my child in my absence _____

Please provide the following medical information:

Your child will only be given medication provided by the parent(s). This will be kept in the school office and dispensed as indicated by the parent(s).

Allergies _____

Medications Being Taken _____

Physical Limitations _____

____ I do or ____ I do not

authorize Community Christian Academy to administer first aid, take my child to the hospital for treatment, or call 911.

PARENTAL CONSENT

I, _____, do hereby give permission for my child to attend and participate in activities sponsored by Community Christian Academy.

My child may ride in transportation approved by Community Christian Academy.

I authorize an adult representative of Community Christian Academy to consent to any and all medical and hospital care and treatment as deemed necessary for the health and well-being of my child by a duly-licensed physician selected by said adult representative. I understand that I shall be fully responsible for, and agree to pay for, all costs and expenses incurred in connection with such medical services rendered to my child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, I agree to assume all transportation costs.

I state that the information on this form is correct. I agree to assume the risk of, and release Community Christian Academy, its staff and representative, from any and all injury and liability arising out of or relating to the activities conducted or sponsored by Community Christian Academy.

Parent Signature

Date

It is required of CCA in our accreditation process to annually complete an ethnicity report. We need your help by marking the appropriate entry for your student. **For recording purposes, please check only one entry.**

____ African American	____ Asian	____ Indian	____ American Indian	____ Caucasian
____ Arabic	____ Hispanic	____ Pacific Islander	____ Mixed	



Student Name: _____

Grade: _____ Student ID #: _____

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SCHOOL COVENANT AGREEMENT

Parents

It is our greatest desire that the students of CCA are confronted with the Gospel and come to follow the Lord Jesus Christ. In order to function harmoniously and provide a Christ exalting experience in excellent academics, we ask that parent/guardian Initial below indicating that they understand and agree to the following:

Initials

- To support CCA's educational philosophy, objectives, standards of conduct and the principles of the Statement of Faith in public spheres and in the presence of students (please refer to the CCA's Handbook for detailed explanation).
- To encourage students to engage fully in CCA's activities, to monitor their progress in assignments, attendance, and school life.
- To attend CCA's requested meetings, conferences, and orientations.
- If at any time during the training of my student, we can no longer work together in a spirit of unity and all reasonable avenues of reconciliation are exhausted, I will agree to withdraw my student from Community Christian Academy. I understand that willful disobedience by my student against the principles and guidelines of this covenant may result in dismissal or recommendation for withdrawal from Community Christian Academy.
- I give permission for my child(ren) to be photographed for publication, including school website, on behalf of Community Christian Academy. COPPA (Children's Online Privacy Protection Act): Websites must obtain Verifiable Parental Consent before collecting information from children or permitting the site to disclose information of children under 13 years.
- I have read the school's Statement of Faith and I understand that my child's enrollment experience will be shaped by the tenets therein. I agree to lead my child to support the values of Community Christian Academy. I understand that Community Christian Academy reserves the right to terminate a student's enrollment at any time should a student's actions or words display a disregard for our community values.

Student *(If Student is Kindergarten – 5th grade parent read and Initial for student)*

Initials

- I understand, per the CCA Student Handbook, the behaviors that are expected of me as a Community Christian Academy student. I also understand that I represent Community Christian Academy and must adhere to this school covenant regardless of time, place or context.
- I desire to attend Community Christian Academy or am willing to be under the authority of my parents in submitting and deferring to their wishes concerning enrollment at Community Christian Academy.
- I understand that Christian teachers are in partnership with my parents. I will strive to obey them also as they seek to train me according to God's Word.
- I will seek to live a godly life in and out of school in order that Jesus Christ will be glorified.
- I understand that willful disobedience of the covenant principles and the guidelines of the Family-School Handbook may result in my dismissal from Community Christian Academy.
- I pledge that I will not become involved in the use or possession of tobacco products, alcoholic beverages, drugs, narcotics or "look-alikes": or in the abuse of legal substances; or the use of or possession of weapons; and in the practice of any form of immorality.



Student Name: _____

Grade: _____ Student ID #: _____

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THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

FERPA is federal law that protects the privacy of student education records. Even though CCA does not receive funds under an applicable program of the US Department of Education, CCA has chosen to comply with this law.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

1. Parents or eligible students have the right to inspect and review the student's education records maintained by the school.
2. Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading.
3. Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them.

By signing you have read the Family Educational Rights and Privacy Act (FERPA). You agree that all the information given in this application is true and correct. The parent and student understand and will submit to the community standards of Community Christian Academy.

DATE: _____/_____/_____

PARENT (print) _____

PARENT (signature) _____

STUDENT (print) _____

STUDENT (signature) _____