

# Carolina Christian Academy

367 Academy Drive, Thomasville, NC 27360

336-472-8950

Mr. Ron Coleman, Administrator

## Student Application

Applying for Grade \_\_\_\_\_

School Year: \_\_\_\_\_

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### Student Information

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ ( ) Male ( ) Female

Student Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Has the applicant ever repeated a grade? ( ) Yes ( ) No If yes, please explain \_\_\_\_\_

Applicant's Grades Have Been: ( ) Superior ( ) Above Average ( ) Average ( ) Below Average

Are there any special factors, conditions, or other reasons that the applicant cannot participate fully during normal school activities, including any special medications, allergies, or anything affecting your child about which the school needs to be informed?

( ) Yes ( ) No

School last attended: \_\_\_\_\_ Phone \_\_\_\_\_

School's address: \_\_\_\_\_

In applying for admission, I authorize other schools/daycares, counselors, or physicians to release and share with CCA information and records regarding my child's educational, developmental and behavioral progress.

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### FAMILY/GUARDIAN INFORMATION

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Father's/Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Occupation \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address: \_\_\_\_\_

Lives with student \_\_\_\_ Yes \_\_\_\_ No Marital Status: ( ) Married ( ) Separated ( ) Divorced ( ) Remarried ( ) Widower

Receives mail \_\_\_\_ Yes \_\_\_\_ No Receives Bill \_\_\_\_ Yes \_\_\_\_ No

Mother's/Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Occupation \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address: \_\_\_\_\_

Lives with student \_\_\_\_ Yes \_\_\_\_ No Marital Status: ( ) Married ( ) Separated ( ) Divorced ( ) Remarried ( ) Widower

Receives mail \_\_\_\_ Yes \_\_\_\_ No Receives Bill \_\_\_\_ Yes \_\_\_\_ No

If parents are divorced, please indicate who has legal custody: \_\_\_\_\_  
If one parent has sole primary custody, custodial legal documents are required by the school prior to enrollment.

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### MEDICAL INFORMATION

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#### Emergency Care Information

Name of 1st Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Contact's Relation to You: ( ) Relative ( ) Guardian ( ) Friend ( ) Other

Name of 2nd Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Contact's Relation to You: ( ) Relative ( ) Guardian ( ) Friend ( ) Other

Applicant's Physician: \_\_\_\_\_ Office Phone \_\_\_\_\_

Applicant's Dentist: \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Upon signing this application, I agree that CCA may authorize a physician to provide emergency medical care in the event that neither the family physician nor I can be contacted immediately.

#### General Medical Information

Does the applicant have a physical, mental, or emotional problems: ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has the applicant been recommended for or undergone any developmental or educational testing to determine the existence of ADD, ADHS, or learning disabilities? ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

My child takes prescription medication on a daily basis: ( ) Yes ( ) No  
Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

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### CHURCH INFORMATION

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Church: \_\_\_\_\_ Attendance: ( ) Regular ( ) Occasional ( ) Seldom ( ) Never

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Has applicant ever made a profession of faith: ( ) Yes ( ) No

Father/Guardian: Christian ( ) Yes ( ) No Mother/Guardian: Christian ( ) Yes ( ) No

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### MISCELLANEOUS INFORMATION

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Does the applicant have any siblings: ( ) Yes ( ) No If yes, please list the other children:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

\_\_\_ I acknowledge that the preceding information is accurate and true.

\_\_\_ I give my permission for my child to take part in all school activities, including sports and school sponsored field trips away from the school premises.

\_\_\_ I understand that if my child is accepted as a student at Carolina Christian Academy he/she will be given instruction according to Biblical Christian principles as outlined in the CCA Parent/Student Handbook.

\_\_\_ Carolina Christian Academy admits students of any race, color, national origin, or ethnicity to all the rights, privileges, programs, and activities made available at the school.

\_\_\_ I understand that all immunization records and a copy of the student's birth certificate must be on file by the first day of school.

Signature of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date of Application: \_\_\_\_\_

## STATEMENT OF FAITH

1. We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God.  
II Tim. 3:15, II Peter 1:21
2. We believe there is one God, eternally existent in three persons - Father, Son, and Holy Spirit.  
Gen. 1:1, Matt. 28:19, John 10:30
3. We believe in the deity of Christ: (John 10:33); His virgin birth (Isaiah 7:14, Matt. 1:23; Luke 1:35); His sinless life (Heb. 4:15, Heb. 7:25) His miracles, (John 2:11); His vicarious and atoning death (I Con. 15:3, Eph. 1:7, Heb. 2:9); His resurrection (John 11:25, I Cor. 15:4); His ascension to the right hand of the Father (Mark 16:19); His personal return in power and glory (Acts 1:11; Rev. 19:11).
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature; and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith alone we are saved (John 3:16 - 19); John 5:24; Rom. 3:23; Rom. 5:8-9; Eph. 2:8-10; Titus 3:5).
5. We believe in the bodily resurrection of the dead, of the believers to everlasting blessedness and joy with the Lord, of the unbelievers to judgment and everlasting separation from God (I Cor. 15:51-54).
6. We believe in the spiritual unity of believers in our Lord Jesus Christ (Rom. 8:9, I Cor. 12:12-13; Gal. 3:26-28).
7. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life.  
(Rom. 8:13-14; I Cor. 3:16, Eph. 4:30; Eph. 5:18).
8. We believe in the Wesleyan-Armenian position of an unlimited atonement, the witness of the Spirit, and the entire sanctification of the believer as a second definition, instantaneous work of grace.

## CAROLINA CHRISTIAN ACADEMY

### ENROLLMENT AGREEMENT

1. Students are to show due respect to relations with the faculty and in speaking to faculty members. The first rule of conduct should at all times be consideration of others.
2. The use of profanity, tobacco, alcoholic beverages, illegal or unauthorized drugs on campus or off campus at any time of the year, are serious violations of the standards of the Academy, and will result in severe disciplinary action including the possibility of immediate dismissal.
3. Students are not to leave the school grounds during the school hours without permission from parents and proper school authorities.
4. the school is not responsible for the loss of personal property whether the loss occurs by theft, fire, or any other cause.
5. Carolina Christian Academy reserves the right of dismissal of any student who persistently and willfully neglects his academic work, exercises poor citizenship, reflects adversely on the Christian principles of the Academy or is engaged in behavior or lifestyle inconsistent with Biblical guidelines. This policy applies to behavior on and off campus and throughout the calendar year.
6. Attire and appearance appropriate to the occasion is expected of all students at all times and students are expected to adhere to guidelines as described in the student handbook.
7. Many individuals have, through their prayers and gifts, made this campus and program possible. Students should consider it a privilege to attend Carolina Christian Academy and therefore do all in their power to keep the buildings attractive. Any student known to deface or destroy school property will be assessed the full cost of repairs plus a fine and be subject to possible disciplinary action including dismissal.
8. Carolina Christian Academy 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. The Academy does not discriminate in the administration of its educational policies.
9. A student Handbook will be furnished to all students so they will be knowledgeable of general regulations.
10. I authorize Carolina Christian Academy to take my child on field trips by means of automobile, van, bus or walking.
11. As parents, we sincerely pledge our loyalty to the aims and ideals of the school.
12. As parents, we hereby invest authority in the faculty and administration concerning the discipline of our child as necessary. We further agree that we will support the faculty and administration in discipline at home as needed.
13. As parents, we agree in accordance with the Matthew 19:15-17 Principle, to bring any and all questions and criticism to the person most directly involved. If we have a question about a specific classroom action or procedure, we will contact the appropriate teacher. If a satisfactory conclusion is not reached, we will contact the Principal. After contacting the teacher and Principal, the Board should be contacted if a concern has not been resolved.
14. It is understood that all students are accepted on a probationary basis for the first grading period before grade placement and admission becomes. Final.

I understand that in signing this Enrollment Agreement, I am agreeing to accept and abide by the rules and philosophy of Carolina Christian Academy.

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Parent's Signature

Date

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Student's Signature  
(Grades 5-12 only)

Date

**CAROLINA CHRISTIAN ACADEMY**

**CHILDREN'S MEDICAL REPORT**

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Mother's Guardian's Name \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

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**MEDICAL HISTORY**

Complete any of the following that apply to your child:

Hospitalizations: \_\_\_\_\_

Operations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Handicaps: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prescription medications: (i.e. Ritalin) \_\_\_\_\_

Has your child ever taken medication for ADHD or ADD? \_\_\_\_\_

Is your child under a doctor's care? \_\_\_\_\_ If so, for what reason? \_\_\_\_\_

Does your child have any physical or mental disabilities? ( ) Yes ( ) No If yes, please explain:  
\_\_\_\_\_

Does your child have any sensory or neurological disorders? ( ) Yes ( ) No If yes, please explain:  
\_\_\_\_\_

Please check if your child has a history of any of these:

Convulsions \_\_\_\_\_

Diabetes \_\_\_\_\_

Heart Trouble \_\_\_\_\_

