

Carolina Christian Academy

367 Academy Dr. Thomasville, NC | info@carolinachristianacademy.org | 336-472-8950

Student Application

Applying for grade: _____

School Year: _____

Student Information

Last Name: _____ First Name: _____ Middle Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Student Social Security Number: _____ - _____ - _____

Date of Birth: _____ Age: _____ () Male () Female

Has the applicant ever repeated a grade? () No () Yes 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.

Family/Guardian Information

Father's/Guardian's Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home _____ Cell _____ Work _____

Employer's Name: _____ Job Title: _____

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: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home _____ Cell _____ Work _____

Employer's Name: _____ Job Title: _____

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.

Ron Coleman - Administrator



Medical Information

Emergency Care Information

Name of 1st Emergency Contact: _____ Phone: _____
Contact's Relation to you: () Relative () Guardian () Friend () Other

Name of 2nd Emergency Contact: _____ Phone: _____
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 problem () 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: _____

Church Information

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

Miscellaneous Information

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

Name: _____ Date of Birth: _____ Grade: _____ School: _____

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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/Guardian: _____

Signature of Parent/Guardian: _____

Date of Application: _____