

# CUMBERLAND CHRISTIAN ACADEMY

2356 CLAY RD., AUSTELL, GA 30106

PH 678-426-1600 FAX 678-945-0224

EMAIL: [office@cumberlandchristian.org](mailto:office@cumberlandchristian.org)

<b>OFFICE USE ONLY</b>	DATE RECEIVED _____	ACCEPTED BY: _____	DATE: _____
FEES DUE: New Student Application \$ _____	Registration \$ _____	Tuition: \$ _____	
FEES PAID: Application _____ Ck# _____	Registration _____ Ck# _____	Addtl _____ Ck# _____	
Tuition: Annual _____ Ck# _____	Semester _____ Ck# _____	Monthly _____	
Records Requested date: _____	Records Received date: _____		

## 2012-2013 Student Application

Please print clearly and complete all sections

### STUDENT INFORMATION

**K3-K5 CIRCLE One:** K3-K4 2 day   K3-K4 3 day   K3-K4 5 day ½ day   K3-K4 5 day (2:30pm)   K3-K4 5 day (6pm)   K5 Full Day (2:20pm)   K5 Full day (6pm)

**1st – 5th Grade please CIRCLE potential After School Program Use:** Infrequently (less than 10 times yearly)   Occasional 1-2 days per week   Regular 3-5 days per week

Student Name \_\_\_\_\_  
LAST FIRST MIDDLE GOES BY

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age **as of October 1<sup>st</sup>** \_\_\_\_ SS# \_\_\_\_\_ Home Phone \_\_\_\_\_  
MM DD YY

Gender: \_\_\_\_ F \_\_\_\_ M Ethnicity/Race (for government reporting only) \_\_\_\_\_ Grade Applying For \_\_\_\_\_

**CCA admits students of any race, color or national and ethnic origin to all the rights, privileges, programs, and activities available to students at the school.**

Student's Home Address \_\_\_\_\_

School district for your residence (Please Circle One): \_\_\_\_\_  
Street City Zip  
Cobb Douglas Fulton Gwinette Paulding Atlanta City Marietta City Other: \_\_\_\_\_

Current School Enrolled In: \_\_\_\_\_

Church Student Attends: \_\_\_\_\_ Involvement is ( ) Weekly ( ) Monthly ( ) Occasionally

### HEALTH INFORMATION

Has student been diagnosed with or suffer from any of the following? (Please indicate with Y OR N) \_\_\_\_ Hearing Difficulties \_\_\_\_ Vision Impairment \_\_\_\_ Asthma \_\_\_\_ Hay Fever \_\_\_\_ Hypoglycemia  
\_\_\_\_ Diabetes ( \_\_\_\_ Insulin Dependent) \_\_\_\_ Allergies (Please specify medications, foods, insects, etc...) Explain: \_\_\_\_\_

Does student have any physical, emotional or attention problems which require special medication or limited participation in certain activities? (Please indicate with Y OR N) \_\_\_\_

Explain: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all medication student takes on a regular basis that we should be aware of:

Medication	Dosage	Reason

I give permission for the following over-the-counter medications to be administered to my child for simple ailments (please check all that apply)

INITIAL

\_\_\_\_ ACETAMINOPHEN \_\_\_\_ IBUPROFEN \_\_\_\_ BENADRYL \_\_\_\_ ANTACID \_\_\_\_ THROAT LOZENGES

INITIAL In the event I cannot be reached in an emergency, I hereby grant permission to the physician selected by the school to hospitalize, obtain medical records, secure proper treatment for and order injection, anesthesia or surgery for my child/ward if necessary. I understand that all health expenses will be the responsibility of the parent/guardian and hereby grant permission to the school to give necessary health information to the physician selected.

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Parent or Legal Guardian Signature

**PRESS RELEASE PERMISSION**

CCA has permission to use the name and/or photographs of my child(ren) for school publications, in local newspapers or magazines, school video productions, and on the CCA website or other school affiliated websites, in promotional materials, broadcasts, telecasts and the press to recognize his/her achievements, accomplishments, awards, and/or to promote the School.

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Parent or Legal Guardian Signature

**Financial Agreement**

Name of Person Responsible for Payments: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address (if other than Student): \_\_\_\_\_

Payment Options Available (Please initial your intended payment method):

ANNUAL - \_\_\_\_ 1 Payment in full, due on or before June 21<sup>st</sup> (3% discount) - payment to be made directly to school.

SEMESTER - \_\_\_\_ 2 Payments - 1/2 due on or before June 21<sup>st</sup>, remaining 1/2 due on or before January 6<sup>th</sup> - payment made directly to school.

MONTHLY - \_\_\_\_ Monthly payments may only be paid through FACTS (tuition management company). For New Families, the person responsible for payments must register with FACTS and may choose  
Automatic Withdrawal – Register online (Link provided through CCA website)  
Credit Card - Contact FACTS 1-866-441-4637 for registration and fees

**PARENT/GUARDIAN AGREEMENT**

I agree that it is the parent's/guardian's responsibility to make sure the above fees and tuition are paid according to the payment option chosen. In registering our child/children at Cumberland Christian Academy, we understand that we are entering into an agreement with the school. In exchange for regular and timely tuition payments, school personnel will assist us as parents in the education of our youth.

We acknowledge that in the event we decide to withdraw our child/children during the school term, a 30 day advance written notice is required. At that time and in addition to the tuition due, an EARLY WITHDRAWAL FEE, equal to 10% of our child's/children's yearly tuition for this school term will be charged. Records will not be released until the balance is paid in full.

We understand that CCA is committed to being unapologetically Christian with an evangelical conservative philosophy of education. We agree that discipline consistent with that taught in *Dare to Discipline* by James Dobson of Focus on the Family Ministries will be followed. We further understand that Christian Character development is a part of the program and any student who refuses to adhere to dress and behavior codes will be withdrawn from the school.

**It is agreed that we will abide by rules and regulations set forth in the current handbook (it is the parent's responsibility to secure a copy of the current handbook. Copies are available at each campus). It is also agreed that if a situation arises requiring Board Intervention, we will abide by the decision made by the Board of Directors for CCA.**

We understand that strong emphasis will be placed on academic progress with college preparatory courses taught at the upper level. On earlier grade levels emphasis will be on the basics of phonics, reading, math, and writing, with Bible taught at every level.

It is accepted that CCA is a member school in the Association of Christian Schools International and seeks to meet standards of excellence in line with the guidelines of this organization. The ultimate proof of CCA's work, however, is in the progress and achievement of her students.

Realizing that CCA seeks to work with all students and families based on covenant relationship according to biblical concepts, we pledge to resolve any and all conflicts that might arise, according to Biblical principles. Should an issue arise which cannot be resolved after prayer, appeals, and long-suffering patience, we pledge and promise to use Christian arbitration rather than court action to achieve resolution.

To the best of our knowledge, the information contained in this application is true and accurate. We understand that any misrepresentation of the facts may be grounds for immediate termination of enrollment.

The matters understood and stated, we register our youth.

\_\_\_\_\_  
Student Signature (required for 6<sup>th</sup> grade - 12<sup>th</sup> grade)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**FAMILY INFORMATION FORM (COMPLETE ONE FORM PER FAMILY)**

**Student Information**

Student's Name (oldest to youngest enrolled)

Grade

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Father or Male Guardian

Mother or Female Guardian

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #: \_\_\_\_\_  
Home Cell

Phone #: \_\_\_\_\_  
Home Cell

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

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

Profession/Position: \_\_\_\_\_

Profession/Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Church attended: \_\_\_\_\_

Church attended: \_\_\_\_\_

Please check:  Parents Married  Parents Separated  Parents Divorced (Please provide Executed Custody Papers) Other: \_\_\_\_\_

Student lives with:  Father and Mother  Father  Mother  Guardian  Stepfather  Stepmother  Other: \_\_\_\_\_

**EMERGENCY CONTACTS**

**In the event that the Parent or Legal Guardian cannot be reached, please provide additional emergency contacts.**

NAME RELATIONSHIP HOME PHONE CELL PHONE

NAME RELATIONSHIP HOME PHONE CELL PHONE

**PRIMARY PERSON PROVIDING AFTERNOON PICK-UP**

NAME RELATIONSHIP HOME PHONE CELL PHONE

VEHICLE MAKE/MODEL/COLOR TAG#

**In the event that I cannot pick my child up in the afternoon, I authorize Cumberland Christian Academy to release my child to any of the following:**

NAME RELATIONSHIP HOME PHONE CELL PHONE

VEHICLE MAKE/MODEL/COLOR TAG#

NAME RELATIONSHIP HOME PHONE CELL PHONE

VEHICLE MAKE/MODEL/COLOR TAG#

# Document Checklist

The following items are required for admission:

- \_\_\_ \$25 New Student Application Fee (This is a Per Family Fee and is required new students only)
- \_\_\_ MATRICULATION FEE (Non-refundable) – MAY BE PAID AT TIME OF APPLICATION OR PAID WHEN STUDENT IS ACCEPTED. \$\_\_\_\_\_
- \_\_\_ Current Immunization #3231
- \_\_\_ Copy of Social Security Card
- \_\_\_ Copy of Birth Certificate
- \_\_\_ If Parents are divorced, please provide a copy of the custody papers

For Students applying to grades 1<sup>st</sup> – 12<sup>th</sup>

- \_\_\_ Current Report Card or Progress Report
- \_\_\_ Copy of Year-end Report Card or Transcript from previous school
- \_\_\_ Most Recent Standardized Test Scores (IBT, Stanford 10, other)

If unable to provide any of the items listed above, please contact the admissions office for assistance.

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Please submit this portion of the form to your child's current school (if applicable)



\_\_\_\_\_  
Name of Student (Please Print)

\_\_\_\_\_  
Current Grade

I/We authorize the release of my/our child's academic record, test data, disciplinary records, immunization and any other information maintained by the school. I/We release every person and institution from any and all liability pertaining to the furnishing of records, documents, and other information provided to Cumberland Christian Academy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

Attention Student Records Administrator  
Please retain a copy of this form as record of Parent Permission. Please send records to:

Admission Office of Cumberland Christian Academy  
2356 Clay Rd., Austell, GA 30106