

Thank you for your interest in Cumberland Christian Academy. Please submit the following documents to our Admissions Office. The first step in our admissions process is to schedule a tour/interview with our Admissions Director, Caron Gossett. Please contact her at 678-426-1600 ext. 1 to schedule an appointment. Providing the documents below prior to or at the time of the interview/tour will help complete the application process in a timely manner.

The following items are required for admission:

- ___ Interview/Tour scheduled for: _____
- ___ Completed Application Submitted
- ___ Records Release Authorization Form (if you choose to deliver this directly to your child's school, please provide date delivered: _____)
Or a complete copy of the Student's Records (you may pick them up directly from the current school)
- ___ For New Students to CCA - Application Fee of: \$25 (this fee is waived if you are a referred family). Please tell us who referred you to CCA: _____
- ___ Emergency Contact/Pick-Up Authorization/Medical Form
- ___ Year End Report Card from previous school (grade K5 – 12th grade)
- ___ Current Report Card (K5 – 12th grade) – if transferring in during school year
- ___ Most Recent Standardized Test Scores (IBT, Stanford 10, other)
- ___ Discipline Report (K3 – 12th grade) For K3, K4 and K5, a letter of recommendation from current educational provider is acceptable.
- ___ Current Transcript (for students entering grades 8 – 12)
- ___ Current Immunization #3231
- ___ Copy of Social Security Card
- ___ Copy of Birth Certificate

If there are additional documents (Scholarship Awards, Custody Papers etc.) that should be a part of your child's file, please submit.

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

An assessment/shadow visit is normally required prior to official acceptance. This date will be scheduled during the interview/tour.

A Registration fee will be due upon acceptance.

This fee is: **\$450 prior to March 6th**
 \$575 after March 6th

Notes:

CUMBERLAND CHRISTIAN ACADEMY

ADMISSIONS OFFICE
2356 CLAY RD., AUSTELL, GA 30106
PH 678-426-1600 FAX 678-945-0224
EMAIL: office@cumberlandchristian.org

2015-2016 Student Application
Please print clearly and complete all sections

<u>CCA OFFICE USE ONLY</u>	DATE RECEIVED _____	ACCEPTED BY: _____	DATE: _____
DATE ENROLLING if after 8/10/15: _____			
APPLICATION FEE \$ _____	APPLICATION FEE PAID _____	CK# _____	DATE _____
REGISTRATION FEES DUE: \$ _____	DEPOSIT \$ _____	DATE: _____	CK# _____
REGISTRATION FEE PAID _____	DATE _____	CK# _____	
RECORDS REQUESTED DATE: _____		RECORDS RECEIVED DATE: _____	
Notes:			

STUDENT INFORMATION

If applying to Pre K3 through K5 **PLEASE CIRCLE One:**

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)

Student Name _____
LAST FIRST MIDDLE GOES BY

Birthdate ____/____/____ Age as of September 1st ____ SS# _____ Home Phone _____
MM DD YY

Student's Home Address _____
Street City Zip

Gender: ____F ____M Ethnicity/Race (for government reporting only) _____ Grade Applying For _____

School district for your residence (Please Choose One): __ Cobb __ Douglas __ Fulton __ Gwinnett __ Paulding __ Atlanta City __ Marietta City Other: _____

School attended 2014-2015 school term (If not CCA): _____

Church Student Attends: _____ Involvement is () Weekly () Monthly () Occasionally
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.

FAMILY INFORMATION

Sibling's enrolled in CCA (oldest to youngest)

Name _____ Grade _____
Name _____ Grade _____

Name _____ Grade _____
Name _____ Grade _____

Father or Male Guardian (relationship: _____)

Mother or Female Guardian (relationship: _____)

Name _____

Name _____

Phone #:(h) _____ (c) _____

Phone #:(h) _____ (c) _____

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: _____

In order for us to thank our referring family for sending you our way, please provide their name AND/OR attach the completed referral card to this application:

REFERRED BY: _____

PLEASE COMPLETE AND SIGN REVERSE SIDE....

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 21st (3% discount) - payment to be made directly to school.

SEMESTER - ____2 Payments - ½ due on or before June 20th , remaining ½ due on or before January 6th - payment made directly to school.

MONTHLY - ____Monthly payments may only be paid through FACTS (tuition management company). Current families are automatically re-enrolled.

**IMPORTANT NOTE: 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 service fees**

Household Average Monthly Gross Income: \$ _____ Number in household: _____

Does the student receive any of the following tuition assistance? (please circle)

AAA Student Scholarship ARETE Scholarship Faith First Pay It Forward Georgia Special Needs Scholarship (IEP) (attach award letter)

Other: _____ Amount Awarded: \$ _____

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 6th grade - 12th grade)

Parent Signature

Date

STUDENT NAME: _____
Last First

EMERGENCY INFORMATION

Unless otherwise instructed, the parents/guardians are our first emergency contacts...

In the event that the Parent(s)/Legal Guardian cannot be reached, please provide additional emergency contacts.

NAME	RELATIONSHIP	HOME PHONE	CELL PHONE
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE

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 insurance information to the physician selected.

SIGNATURE

DATE

PICK-UP AUTHORIZATION

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#

IMPORTANT – YOUR CHILD’S SAFETY IS OUR UTMOST CONCERN

**IN THE EVENT OF A CHANGE TO PICK-UP/RELEASE AUTHORIZATION – NOTICE MUST BE PROVIDED TO CCA IN WRITING
IN THE EVENT THE TEACHER IS CONCERNED, THE DRIVER WILL BE ASKED TO PARK UNTIL THE PARENT CAN BE REACHED FOR VERIFICATION**

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.

SIGNATURE

DATE



You may submit this form directly to your child's school to expedite the process. In many cases, they will have the records ready for you to pick up in a sealed envelope. Please bring the records in the sealed envelope to the interview or deliver to the admissions office at your earliest convenience.

Records Release Authorization Form

Full Name of Student (Please Print)

Grade Level (Current or Completed): _____

Name of School: _____

Address: _____
Street City State

Phone # _____ Fax # _____

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 or discussion of records, documents, and other information provided to Cumberland Christian Academy.

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Attention School Administrator
Please retain a copy of this form as record of Parent Permission.

Please send a copy of all records to:

Cumberland Christian Academy
Attn: Admission Office
2356 Clay Rd.,
Austell, GA 30106
Fax 678-945-0224

Thank you for your assistance.

Please contact our Admissions Office at 678-426-1600 (ext. 1) if you have any questions.