



COMMUNITY

CHRISTIAN ACADEMY

Where Faith and Scholarship Meet

Application for Enrollment – Part-time Middle School and High School

Applicant's Full Name _____
First Middle Last

Student's Nickname _____ Male _____ Female _____

Grade Entering _____ Current Educational Program _____

Date of Birth _____ Place of Birth _____

For which class or classes do you want to register? _____

Parent/Guardian #1 - ____ Mr. ____ Mrs. ____ Ms. ____ Dr. ____ Other _____

Parent/Guardian #1 Name _____
First Middle Last

Relationship to Student _____

Home Address _____

Home Phone _____ Cell Phone _____

Email Address#1 _____ Email Address #2 _____

Place of Employment _____ Position _____

Work Phone _____

Parent/Guardian #2 - ____ Mr. ____ Mrs. ____ Ms. ____ Dr. ____ Other _____

Parent/Guardian #2 Name _____
First Middle Last

Relationship to Student _____

Home Address _____

Home Phone _____ Cell Phone _____

Email Address#1 _____ Email Address #2 _____

Place of Employment _____ Position _____
Work Phone _____

If parents are divorced or separated, with whom does the student live? _____

Person(s) to receive communication, invoices, report cards _____

If parents are divorced or separated, is there any additional information that the school should have regarding the care or safety of the student? _____

Family's Church (if applicable) _____

Has the applicant ever been evaluated for learning disabilities? _____ Yes _____ No

Has the applicant ever had disciplinary issues at a previous school? _____ Yes _____ No

Has the applicant ever been accelerated or retained in school? _____ Yes _____ No

Does the applicant have physical issues that could restrict physical activity? _____ Yes _____ No

If "Yes" to any of the above, please explain _____

How did you find out about Community Christian Academy? _____

Parents, please initial your agreement by each of the following statements and sign below:

_____ I/We have read the school's Statement of Faith and agree to work in harmony with these principles.

_____ I/We agree to support all of the policies and procedures of the school and will partner with the school to encourage my/our child's compliance.

Signature of Father or Male Guardian

Signature of Mother or Female Guardian

Return this completed application with the \$100 non-refundable application fee to:

Community Christian Academy – Admissions

PO Box 6659

Charlottesville, VA 22906

Community Christian Academy admits students of any race, color, national origin and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan program, and athletic and other school administered programs.