



Today's Date: _____

Application for Enrollment

Applicant's Full Name _____
First Middle Last

Student's Nickname _____ Male _____ Female _____ Grade Entering _____

Expected Start Date _____ Previous School Attended _____

Date of Birth _____ Place of Birth _____

Siblings' names and ages _____

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

Parent/Guardian #1 Name _____
First Middle Last

Relationship to Student _____ Email _____

Home Address _____

City _____ State _____ Zip _____

Home/Cell Phone _____ Work Phone _____

Place of Employment _____ Position _____

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

Parent/Guardian #2 Name _____
First Middle Last

Relationship to Student _____ Email _____

Home Address _____

City _____ State _____ Zip _____

Home/Cell Phone _____ Work Phone _____

Place of Employment _____ Position _____

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

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

If not listed above, name, address, and phone number of non-custodial parent _____

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 difficulties? _____ 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 _____

I am applying for financial aid and have/will submit my federal tax forms. ____ Yes ____ No

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/Male Guardian and Date

Signature of Mother/Female Guardian and Date

The Parent-Student Handbook can be found at cca-va.org/handbook

Return this completed application with the \$200 non-refundable application fee to:

Community Christian Academy – Admissions
PO Box 6659
Charlottesville, VA 22906

REVISED
Jan 10, 2025

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 programs, and athletic and other school-administered programs.