



*“Excellent, Affordable Christian Education”*

### Application for Enrollment

Applicant’s Full Name \_\_\_\_\_  
First Middle Last

Student’s Nickname \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Grade Entering \_\_\_\_\_ 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 \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address#1 \_\_\_\_\_ Email Address #2 \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Work Phone \_\_\_\_\_ Grandparent’s Name(s) \_\_\_\_\_

Grandparent’s Email(s) \_\_\_\_\_

**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 \_\_\_\_\_ Grandparent's Name(s) \_\_\_\_\_

Grandparent's Email(s) \_\_\_\_\_

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 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.

**REVISED**  
**May 29, 2018**