



Homeschooler Application

2009-2010 School Year

STUDENT INFORMATION

Student's Name _____ Grade _____
 Date of Birth _____ Gender _____
 Home Phone _____
 Address _____

 City _____ Zip Code _____
 Email _____

PARENT INFORMATION

Father's Name _____
 Employer _____
 Occupation _____
 Business Address _____

 City _____ Zip Code _____
 Business Number _____ Mobile _____
 Pager Number _____ Email _____

Mother's Name _____
 Employer _____
 Occupation _____
 Business Address _____

 City _____ Zip Code _____
 Business Number _____ Mobile _____
 Pager Number _____ Email _____

CHILD RELEASE

List the names of alternatives to whom your child may be released if unable to contact parents. They should be locally available and able to transport students. If a change of alternate is desired, please notify the Academy in writing. Anyone other than the individuals who are listed below must have a note in writing and signed by one of the parents before a child may be released. **Anyone coming to pick up the child beyond the parent will be asked to show identification before the child is released.**

Name _____ Relationship _____
 Telephone _____ Mobile _____
 Pager _____

Name _____ Relationship _____
 Telephone _____ Mobile _____
 Pager _____

MEDICAL AUTHORIZATION

By our signatures below, we hereby authorize Carlisle Christian Academy to administer Tylenol and basic over-the-counter drugs to my child if necessary.

If a parent or family doctor cannot be contacted and an emergency exists, the undersigned parents or guardian authorizes a representative of Carlisle Christian Academy to consent to any X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of the school to give consent for such treatment as the physician may deem necessary.

Signatures of both parents needed: EACH COPY MUST BE ORIGINALLY SIGNED

_____ Father

_____ Mother

_____ Date

_____ Date

TRAVEL, TRIP, AND ACTIVITY PERMIT

I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises. I absolve the Carlisle Christian Academy from all liability to me or my child due to any injury resulting from any school activity, event, or trip.

_____ Parent Signature

_____ Date

STUDENT HANDBOOK / MISSIONS STATEMENT AND PROGRAM BOOKLET

I have been given copies of the Student Handbook and the CCA Missions Statement and Program Booklet. I understand that the rules and guidelines set forth in these booklets are there for the enhancement of this school and the nurturing of our students. I agree to abide by these rules and guidelines. If a situation would arise in question, I agree to follow the policy set forth in the Student Handbook in Section 1.6.D.

_____ Parent Signature

_____ Date

FEES PAID

_____ \$25.00 one-time registration fee / Additional costs for each activity thereafter in the same school year

_____ Activity Fee _____
