



# Student Application

## 2010 - 2011 School Year

### For Office Use Only:

Date Received: \_\_\_\_\_  
 Applying for Grade: \_\_\_\_\_  
 Class Assigned: \_\_\_\_\_  
 CUM Request: \_\_\_\_\_  
 Registration Fee Paid: \_\_\_\_\_  
 Materials Fee Paid: \_\_\_\_\_  
 Application Complete: \_\_\_\_\_  
 Scholarship: \_\_\_\_\_  
 Admission (Y/N) Sent: \_\_\_\_\_

### STUDENT INFORMATION

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

### PARENT INFORMATION

Father's Name \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Business Number \_\_\_\_\_ Mobile \_\_\_\_\_  
 Email Address \_\_\_\_\_ (include me in school e-mails)

Mother's Name \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Business Number \_\_\_\_\_ Mobile \_\_\_\_\_  
 Email Address \_\_\_\_\_ (include me in school e-mails)

### Marital Status:

Married  Widowed  Divorced  Separated  
 Remarried  Single

Deceased (Father / Mother): \_\_\_\_\_

Child Lives with: \_\_\_\_\_ (family members)  
 Name and address of parent not living with child:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### TRANSPORTATION

District Bussing \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 School District in which the Child Resides: \_\_\_\_\_  
 Township in which the Child Resides: \_\_\_\_\_

### EMERGENCY CLOSING:

Snow delays will affect the opening of the extended care program by the amount of the delay. For example, if there is a 2-hour delay, the extended care opening will be delayed until 8:30 a.m. The extended care program is not available when there is an early dismissal, unless otherwise notified by the school administration. (Please note: We understand the challenges parents face in picking up their children in early dismissal scenarios. Therefore, staff will be available to supervise students until parents are able to arrive. However, please make arrangements for your children to be picked up in a reasonable time frame, as close to the early dismissal time as possible). **Students that regularly ride the bus will be placed on the bus in an early dismissal scenario.**

### 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.**

### CHILD RELEASE (cont'd)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_  
Pager \_\_\_\_\_

Mobile \_\_\_\_\_

Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Pager \_\_\_\_\_

Relationship \_\_\_\_\_

Mobile \_\_\_\_\_

Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Pager \_\_\_\_\_

Relationship \_\_\_\_\_

Mobile \_\_\_\_\_

**MONTHLY CONTRACTED SERVICES**

*Please check all contracted services you wish to use:*

**Tuition Options:**

Annual                       10 month                       12 month

Semester                       11 month

***I wish to receive a payment booklet for the tuition option noted above:***

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**Contracted Extended Care:**

Before School                       After School                       Full Care

**Food Services:**

Contract Lunch                       10 Punch Ticket                       Contract Milk

**MEDICAL AUTHORIZATION**

By signing below, we hereby authorize Carlisle Christian Academy to administer Tylenol and basic over-the-counter medications to our 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. We have also reviewed the policies in the Student Handbook related to Health Services including section 7.3.G entitled "Nut / Peanut Butter Allergens."

EACH COPY MUST INCLUDE ORIGINAL SIGNATURES.

\_\_\_\_\_  
Parent Signature                      Date

\_\_\_\_\_  
Parent Signature                      Date

**TRAVEL, TRIP, AND ACTIVITY PERMIT**

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

\_\_\_\_\_  
Parent Signature                      Date

\_\_\_\_\_  
Parent Signature                      Date

**STUDENT HANDBOOK / MISSIONS STATEMENT AND PROGRAM BOOKLET**

We have reviewed copies of the Student Handbook and the CCA Missions Statement and Program Booklet. We 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. We agree to abide by these rules and guidelines. If a situation would arise in question, we agree to follow the policy set forth in the Student Handbook in Section 1.6.D.

\_\_\_\_\_  
Parent Signature                      Date

\_\_\_\_\_  
Parent Signature                      Date

***Note: See school office for current tuition structure, scholarship opportunities, and other information.***