



Student Application

2011 - 2012 School Year

For Office Use Only:

Date Received: _____
Applying for Grade: _____
Class Assigned: _____
CUM Request: _____
Registration Fee Paid: _____
Materials Fee Paid: _____
Application Complete: _____
Scholarship: _____

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 _____ Relationship _____
Telephone _____ Mobile _____
Pager _____

Name _____ Relationship _____
Telephone _____ Mobile _____
Pager _____

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 Daily

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

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