



Application for Admission



2011-12 APPLICATION INFORMATION

APPLICATION PROCEDURES

1 All Students, PreK4-12

Complete an Application for Enrollment. Return it to the Admissions Office with a check for \$75 per student. This Registration Fee is non-refundable. The application and fee should be accompanied by report cards (previous two years plus current grades), immunization records, birth certificate and standardized test scores.

2 All Students, PreK4-12

Complete a Student Background Survey Form. This document should be returned to the Admissions Office with the application. Schedule a time and date for entrance exam.

3 Grades 6-12

Give Confidential Character Reference Form to someone who has known you for at least one year. (Be sure to complete the applicant's section of each form). These recommendations must be mailed directly to CCA by the referring teacher or faxed to the CCA Office of Admissions at (903) 796-4350.

4 Grades 2-5

Give Confidential Character Reference Form to someone who has known you for at least one year. (Be sure to complete the applicant's section of the form). These recommendations must be mailed directly to CCA by the person completing the form or faxed to the CCA Office of Admissions at (903) 796-4350.

5 Admission Decision

Acceptance into Champions Christian Academy will be determined based upon the entrance interview (if required), testing results, references, behavioral history and academic profile. Notification of acceptance or denial will be by phone call. If accepted, enrollment information will be included with the acceptance letter by mail.

ADMISSION POLICIES

Applicants for admission to Champions Christian Academy must furnish evidence that they are physically and emotionally fit, of good moral character, and academically capable.

All applicants must:

- complete all of the application procedures detailed in this document;
- be eligible for re-enrollment in all schools previously attended;
- have not been suspended or expelled from school within the past twelve months;
- have acceptable conduct grades and work habits;
- be free of severe learning or behavioral problems;
- must not be coming directly from any type of rehabilitation program (i.e., drug, alcohol, behavioral, mental, etc.);
- agree to comply with all policies in the **Parent-Student Handbook**.

All new students will be accepted on behavioral and academic probation for a period of one calendar year. During this period, conduct and academic status will be monitored closely. Continued enrollment is dependent upon acceptable levels of attendance, behavior, psychological maturity and academic achievement.

ENTRANCE TESTING

Entrance testing is an important tool used in the admission process.

This vehicle is used to ensure each applicant's potential for success. All testing is administered by our professional staff. These tests are designed to measure academic ability and current skills levels. The results are used as a part of each applicant's profile in determining acceptance and/or placement.

LEARNING CHALLENGES

Champions Christian Academy is a college-preparatory school with extremely high academic standards. Consequently, it is very difficult for students who have severe learning challenges to function academically at CCA. We realize that the name Christian does not necessitate that we become all things to all people any more than a doctor who specializes in one type of surgery is expected to perform surgery for which she/he has not been trained. Therefore, it is our goal as a Christian school to ensure that every student who qualifies for admission will be successful. To accomplish this goal with students who have mild learning disabilities, CCA reserves the right to require parents to arrange and fund remediation services to supplement classroom instruction when the need is identified by our professional staff.

NOTICE OF NON-DISCRIMINATION

Champions Christian Academy does not discriminate on the basis of religion, race, color, national or ethnic origin regarding its policies, educational offerings, financial assistance programs, athletic programs, or other school-sponsored activities.



Application for Admission

APPLICANT INFORMATION

Applicant Name: _____ Preferred Name: _____
(First) (Middle) (Last)

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Student Cell Phone #: _____

First and Last Name(s) of any siblings who attend or have attended CCA: _____

Male Female Date of Birth: _____ Place of Birth: _____ SSN: _____
(Month/Day/Year) (City, State)

Applying for Grade: _____ Applying for School Year: _____ Attended CCA in the past? Yes No

What public school would applicant attend? District: _____ School: _____

Current School Name: _____

Current School Address: _____ Phone #: _____

Religious Denomination: _____ Home Church: _____

Church activity involvement: _____

List medications taken, dosage and frequency:

NAME OF MEDICATION	DOSAGE	FREQUENCY



Please check all that apply:

Asthma Diabetes High Blood Pressure Past Surgery

Allergies to: Food Medicines Insects Plants Other

Please explain in detail anything checked above: _____

For Office Use:

Date Application Rcvd: _____ Application Fee: _____

APPLICANT INFORMATION CONTINUED

Doctor Name: _____ Phone #: _____

Dentist Name: _____ Phone #: _____

Name of Insurance Company: _____ Phone #: _____

Policy #: _____ Group #: _____ ID #: _____

Name of Insured: _____ Employer: _____

FAMILY INFORMATION

Please check the following if applicable:

Father Deceased Mother Deceased Parents Separated Parents Divorced

Father Remarried Mother Remarried

Applicant Lives With: Both Parents Mother Only Father Only Mother & Stepfather
Father & Stepmother Guardian Other _____

Please complete the following information for each of the following people: Parent/Guardian, Financial Responsibility, Emergency Contacts, Dismissal Authority, and Grandparents.

1. Please complete all lines for two Parent/Guardian contacts.

2. Please complete only the grey areas for at least two additional contacts for emergency and dismissal authority purposes.

3. Please also provide Grandparent contact information if they are not listed as a Parent/Guardian, Emergency Contact or Dismissal Authority.

Parent/Guardian #1

Dr/Mr/Mrs/Ms First Name: _____ MI: _____ Last Name: _____

Home Address: _____ Home Phone #: _____

City: _____ State: _____ Zip: _____ Cell Phone #: _____

Preferred communication email address: _____

Secondary communication email address: _____

Driver's License #: _____

Employer: _____ Occupation: _____

Employer Address: _____

Employer City: _____ State: _____ Zip: _____ Work Phone #: _____

Religion: _____ Home Church: _____

Please check all that apply to this person: Custodial Parent Financial Responsibility Grandparent

Receive Report Card Emergency Contact Dismissal Authority

Parent/Guardian #2

Dr/Mr/Mrs/Ms First Name: _____ MI: _____ Last Name: _____

Home Address: _____ Home Phone #: _____

City: _____ State: _____ Zip: _____ Cell Phone #: _____

Preferred communication email address: _____

Secondary communication email address: _____

Driver's License #: _____

Employer: _____ Occupation: _____

Employer Address: _____

Employer City: _____ State: _____ Zip: _____ Work Phone #: _____

Religion: _____ Home Church: _____

Please check all that apply to this person: Custodial Parent Financial Responsibility Grandparent
Receive Report Card Emergency Contact Dismissal Authority

Grandparent/Emergency Contact/Dismissal Authority

Dr/Mr/Mrs/Ms First Name: _____ MI: _____ Last Name: _____

Home Address: _____ Home Phone #: _____

City: _____ State: _____ Zip: _____ Cell Phone #: _____

Preferred communication email address: _____

Secondary communication email address: _____

Driver's License #: _____

Employer: _____ Occupation: _____

Employer Address: _____

Employer City: _____ State: _____ Zip: _____ Work Phone #: _____

Religion: _____ Home Church: _____

Please check all that apply to this person: Custodial Parent Financial Responsibility Grandparent
Receive Report Card Emergency Contact Dismissal Authority

Guardian/Emergency Contact/Dismissal Authority

Dr/Mr/Mrs/Ms First Name: _____ MI: _____ Last Name: _____

Home Address: _____ Home Phone #: _____

City: _____ State: _____ Zip: _____ Cell Phone #: _____

Preferred communication email address: _____

Secondary communication email address: _____

Driver's License #: _____

Employer: _____ Occupation: _____

Employer Address: _____

Employer City: _____ State: _____ Zip: _____ Work Phone #: _____

Religion: _____ Home Church: _____

Please check all that apply to this person: Custodial Parent Financial Responsibility Grandparent

Receive Report Card Emergency Contact Dismissal Authority

PAYMENT INFORMATION

Please Select One Payment Plan:

All tuition payments will be made to Champions Christian Academy.

One payment of \$2500 paid by check delivered to the CCA Business Office on or before September 1, 2011; or

Ten (10) monthly payments of \$250 on the 1st of the month or 15th of the month; or

Twenty (20) split monthly payments of \$125 made on the 1st and the 15th of every month.

Monthly payments not received by the 5th or 20th of the month will incur a late fee of \$40. If more than one payment is delinquent and arrangements have not been made with the Administrator, the student may not be allowed to attend school until the account has been made current.

ESTIMATED CURRICULUM FEE

Curriculum fees vary based on the age and rate of accelerated learning per child. We do not mark-up curriculum and therefore you will only be charged actual cost. Curriculum fees averages about \$120 per year.

*EXTENDED CARE INFORMATION

If extended daycare is an option in the future, please check all days required:

Monday Tuesday Wednesday Thursday Friday

*Extended care available until 5:30 only. An extra charge of \$10 per day will be added to your child's tuition \$5 per 15 minutes will be due for times after 5:30.

CERTIFICATION

As Parent or Legal Guardian, I authorize a Champions Christian Academy Administrator, Teacher, or staff to have the above named student examined by a qualified physician or dentist, and in the event of injury to administer any emergency care he deems necessary to ensure proper treatment. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment. In signing this form as a parent or guardian, I hereby agree to relieve the school and/or its officers of any liability for injury or accident occurring on the school premises, while on a field trip or athletic competition trip. I give my permission for my child to take field trips, accompanied by school personnel, as a part of the school's activities.

Parent/Guardian Signature _____ **Date** _____

Champions Christian academy was founded on Christian principles and is operated by Christian staff members. We understand that all students will participate in daily Bible study and regular chapel assemblies. We agree to support and follow all rules and regulations of the school and understand that failure to do so will result in disciplinary action (which may include suspension or expulsion). Furthermore, we understand that all students new to CCA are accepted on academic and behavioral probation for a period of one calendar year. By our signatures hereon, we certify that we understand these policies and that all information provided on this application is true and correct to the best of our knowledge.

Parent/Guardian Signature _____ **Date** _____

Student Signature _____ **Date** _____

Web site Waiver: Champion Christian Academy may use my child's picture, video, and/or name on the school's web sites or in promotional materials without permission. My child's name and video or picture will not appear together on a website except in situations of news that would normally appear or has appeared in a local newspaper.

Medical Certification: I acknowledge that my child has been examined within the past year by a health care professional and is able to participate in all school activities. I will obtain a signed and dated *Health Requirements Form* from my child's health care professional no later than 30 days from application.

Application Checklist:

Please use this checklist to ensure all information needed for application to Champions Christian Academy is completed in a timely manner.

- | | |
|--|--|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Paid Registration Fee of \$75 per child |
| <input type="checkbox"/> Copy of Birth Certificate | <input type="checkbox"/> Copy of Social Security Card |
| <input type="checkbox"/> Completed Character Reference Form | <input type="checkbox"/> Copy of Immunization Records or Waiver |
| <input type="checkbox"/> Completed Elementary or Secondary Background Survey | |

AGREEMENT

In signing this form, I hereby agree to relieve Champion Christian Academy, its officers, and its directors of any liability for injury or accident occurring on the school premises or while on a field trip. I have read and understand the school policies of Champions Christian Academy and agree to support them. I also understand that all registration fees are non-refundable.

Parent/Guardian Signature _____ **Date** _____