



Admission Packet



2013-14 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, if available.

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 diagnostic entrance testing.

3 Grades 2-12

Give Confidential Character Reference Form to a non relative 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.

4 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.

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 probation for a period of 6 weeks. 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.

DIAGNOSTIC 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 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: _____ Church attending: _____

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: _____ Church attending: _____

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: _____ Church attending: _____

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: _____ Church attending: _____

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 *(continued on next page)*

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

Home Address: _____ Home Phone #: _____

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

Preferred communication email address: _____

Guardian/Emergency Contact/Dismissal Authority (continued from previous page)

Secondary communication email address: _____

Driver's License #: _____

Employer: _____ Occupation: _____

Employer Address: _____

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

Religion: _____ Church attending: _____

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

TOTAL FEES

In addition to the \$75.00 Registration fee, please select one of the following methods for paying tuition.

All tuition payments will be made to Champions Christian Academy by either check, cash or credit cards with a 2% transaction fee. There will be a \$20.00 charge for all NSF checks.

3 Payment options:

<input type="checkbox"/>	One (1) full year tuition payment made by the first class day: 1 Child \$2500.00/year 2 Children \$4750.00/year 3+ Children \$6000.00/year; add \$1250.00/year for each additional child
<input type="checkbox"/>	Two (2) equal tuition payments paid: (1) by the first class day and, (2) by the first class day in February 1 Child \$1275.00/twice a year 2 Children \$2400.00/twice a year 3 Children \$3025.00/twice a year
<input type="checkbox"/>	Nine (9) equal tuition payments of: \$285.00 for 1 child paid by the first class day of the month. \$535.00 for 2 children paid by the first class day of the month. \$684.00 for 3 children paid by the first class day of the month.

Annual curriculum costs 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. A curriculum fee of \$150.00 per child for PreK and Kindergarten, and \$250.00 per child for levels 1-12 is due by the first day of class. You will be notified if your child will require additional curriculum fees. If the child doesn't use all of the curriculum deposit by the end of the school year, it can be carried over to the next year or refunded to you. Monthly payments not received by the 5th of the month will incur a late fee of \$5.00 per day until payment is received. This amount will be deducted from the curriculum account. 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.

There will be an annual computer lab fee of \$20 that will be deducted from each student's curriculum account. This covers the annual license for your student to use ReadMasterPlus, an A.C.E. computer based enrichment program that supplements the A.C.E. curriculum.

There will be an annual P.E. fee of \$20 that will be deducted from each student's curriculum account. This fee allows for necessary repair and upgrade of P.E. equipment.

CERTIFICATION

As Parent or Legal Guardian, I authorize a Champions Christian Academy Administrator, 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 6 weeks. 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 or as specified on the Photo/Name Release Form.

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** _____



Elementary Student Background Survey

Grades K - 5th

Applicant's Name: _____

As a part of the application process at Champions Christian Academy, each elementary student (Grades K-5) must complete this form. It must be signed by the applicant and a parent or legal guardian. This form should be returned to the CCA Admissions Office with the *Application for Admission* and any supporting documentation (testing results, doctor's reports, etc.). All information provided will remain confidential.

Please provide explanation to any **"YES"** answers in the space provided on the back of this page.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Has this applicant ever been suspended or expelled from any school or assigned to an alternative learning center? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this applicant been declared ineligible to re-enroll at any school he/she has attended? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this applicant ever been tested or treated for any of the following: | | |
| Attention Deficit Disorder (ADD) | <input type="checkbox"/> | <input type="checkbox"/> |
| Hyperactivity Disorder (ADHD) | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech or Language Difficulty | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional or Behavioral Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Vision Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other Learning Disability | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this applicant ever been in consultation with a counselor for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If transferring from a private school, is the applicant's account delinquent? | <input type="checkbox"/> | <input type="checkbox"/> |

We agree to the immediate dismissal from Champions Christian Academy of the above named applicant for any misstatement or omission of information on this form.

Student Signature

Parent/Guardian Signature

Date

Please explain here any "Yes" answers from the front: _____

Applicant's Name: _____

As a part of the application process at Champions Christian Academy, each secondary student (Grades 6-12) must complete this form. It must be signed by the applicant and a parent or legal guardian. This form should be returned to the CCA Admissions Office with the *Application for Admission* and any supporting documentation (testing results, doctor's reports, etc.). All information provided will remain confidential.

Please provide explanation to any **"YES"** answers in the space provided on the back of this page.

	Yes	No
1. Has this applicant ever been suspended or expelled from any school or assigned to an alternative learning center?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this applicant been declared ineligible to re-enroll at any school he/she has attended?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this applicant ever been tested or treated for any of the following:		
Attention Deficit Disorder (ADD)	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactivity Disorder (ADHD)	<input type="checkbox"/>	<input type="checkbox"/>
Speech or Language Difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Emotional or Behavioral Problems	<input type="checkbox"/>	<input type="checkbox"/>
Vision Problems	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Problems	<input type="checkbox"/>	<input type="checkbox"/>
Any other Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this applicant ever been in consultation with a counselor for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has this applicant ever been charged with selling, possessing, or using illegal drugs or controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has this applicant ever been involved in gang, satanic, cult-related, or inappropriate sexual activities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has this applicant ever been accused of or involved in the illegal possession of a dangerous weapon?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has this applicant ever had his/her driver's license suspended or revoked or been charged with Driving While Intoxicated, Driving Under the Influence or Minor in Possession?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has this applicant ever been arrested or convicted by any civil authorities, including juvenile courts?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has this applicant ever been married, divorced or pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
11. If transferring from a private school, is the applicant's account delinquent?	<input type="checkbox"/>	<input type="checkbox"/>

We agree to the immediate dismissal from Champions Christian Academy of the above named applicant for any misstatement or omission of information on this form.

Student Signature

Parent/Guardian Signature

Date



Confidential Character Recommendation Form

Grades 2nd - 12th

Name of Student _____

Parent or Guardian

Please write your child's name in the space above and read and sign the following before giving this form to someone who has known your child for at least one year. This can be someone such as a pastor, youth minister, scout leader, tutor, sponsor, coach, or neighbor.

I understand that the information furnished by the reference named below is confidential and will become the property of Champions Christian Academy. Furthermore, I waive all rights to examine the responses given.

Signature of Parent or Guardian

Character Reference

Thank you for your time and care in completing this recommendation for the applicant named above. Your observations are held in complete confidence. Please check the appropriate boxes, include comments if you wish, sign, date and provide contact information on the back. Return the completed form directly to CCA by fax 903-796-4350 or mail (fax is preferred), **Attention: Admissions.**

Is the applicant:

	Yes	No	N/A
Active in attending church?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active in attending Sunday School/Bible Class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good at relating to peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotionally and psychologically balanced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self disciplined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately to successes and failures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the family:

Supportive of their child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Of good standing in the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If "no" to any of the above questions please elaborate: _____

Length of acquaintance with the applicant? _____ years

Relationship to applicant: _____

Champions Christian Academy Admissions Office
702 Holly St. Atlanta, TX 75551 • 903-796-1805 • Fax 903-796-4350
Mailing Address: P.O. Box 777 • Atlanta, TX 75551-0777
www.championsacademy.info

Please list any suggestions you can give us to help this student be successful in our school (family difficulties or challenges, finances, personal traits, strengths and weaknesses etc): _____

Name and Title: _____	Known student #of years: _____
Name of School: _____	Telephone#: _____
Signature: _____	Date: _____

**PLEASE SIGN AND RETURN THIS PAGE
TO CHAMPIONS CHRISTIAN ACADEMY OFFICE**

PARTNERSHIP AGREEMENT

Champions Christian Academy's educational mission involves working with the home in the overall Christian education of students. As a family:

We understand that Champions Christian Academy is a ministry of Christ Centered Homes, Inc. and accepts interdenominational students and people from all racial backgrounds who desire a quality Christian education.

We agree to comply with the parental responsibilities including paying tuition payments on time and regularly.

We agree to support the school with our prayers and with a positive attitude. Complaints or negative comments will be shared only with the CCA staff administrator, or person involved, and not with our children or others. This follows the Biblical principle given in Matthew 18.

We understand that if at any time the Academy determines in its sole discretion, that our actions do not support the school's ministry, or they reflect a lack of cooperation and commitment to the home and school working together; it has the right to request the withdrawal of our student(s).

HANDBOOK AGREEMENT

We have read the entire Student/Parent Handbook and agree to support the policies and procedures during this school year and as long as our child/children attend Champions Christian Academy.

Parent Signature

Date

Student Signature

Date

Student Signature

Date



CHAMPIONS CHRISTIAN ACADEMY

PO Box 777 • 702 Holly Street Suite D • Atlanta, TX • 75551 • 903-796-1805

TUITION AGREEMENT

Child's Name _____ Grade _____

TOTAL FEES

Please select one of the following methods for paying tuition:

In addition to the \$75.00 Registration fee, please select one of the following methods for paying tuition.

All tuition payments will be made to Champions Christian Academy by either check, cash or credit cards with a 2% transaction fee. There will be a \$20.00 charge for all NSF checks.

3 Payment options:

Table with 3 rows of payment options: One (1) full year tuition payment, Two (2) equal tuition payments, and Nine (9) equal tuition payments.

Annual curriculum costs 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. A curriculum fee of \$150.00 per child for PreK and Kindergarten, and \$250.00 per child for levels 1-12 is due by the first day of class.

There will be an annual computer lab fee of \$20 that will be deducted from each student's curriculum account. This covers the annual license for your student to use ReadMasterPlus, an A.C.E. computer based enrichment program that supplement the A.CE. curriculum.

There will be an annual P.E. fee of \$20 that will be deducted from each students curriculum account. This fee allows for necessary repair and upgrade of P.E. equipment.

Tuition Fee(s) _____ Curriculum Fee(s) _____ Total Fee(s) _____

PARENT'S SIGNATURE

"I agree to adhere to the payment arrangement selected above and understand if payment is late more than once, I need to arrange a meeting with the Administrator. I understand failure to abide by this agreement will result in my child being denied the privilege of attendance. Monthly payments not received by the 5th of the month will incur a late fee of \$5.00 per day until payment is received this will be deducted from the curriculum account. 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."

Parent's Signature

Date



PHYSICIAN REPORT OF HEALTH/PHYSICAL EXAM

Male / Female

Student Name *(Last, First, Middle)*

Date of Birth

(Circle Gender)

Physical Address

City, State, Zip Code

*TO BE COMPLETED BY STUDENT'S PHYSICIAN, P.A., OR NURSE PRACTITIONER

Health History & Concerns	Yes	No	If yes, explain
Allergies			
Asthma			
Birth Defects			
Blood Disorder			
Cardiac Disorder			
Dental			
Developmental Delays			
Diabetes			
Eyes / Vision Problems <i>glasses? Contacts?</i>			<i>Last seen by doctor:</i>
Gastrointestinal Disorders			
Genitourinary Disorders			
Hearing Impairment			
Hypertension			
Hospitalizations			<i>Date:</i> <i>Reason:</i>
Mental Disorders			
Neuromuscular Disorders			
Orthopedic Condition / Fractures <i>Scoliosis?</i>			
Respiratory Illness			
Seizures / Epilepsy			<i>Last known seizure:</i>
Skin Disorders			
Surgeries?			<i>Date:</i> <i>Reason:</i>
Other			

PHYSICIAN REPORT OF HEALTH/PHYSICAL EXAM *(continued)*

Student Name *(Last, First, Middle)*

Date of Birth

Height *(inches)*

Weight *(pounds)*

BMI

Blood Pressure

Heart Rate

IMMUNIZATIONS *(All exemptions must have proper documentation on file)*

Current *(attach copy)*

Medical Exemption

Religious Exemption

Reasons of Conscience

DIETARY *(Include list of needs or restrictions)*

NEEDS/MODIFICATIONS *(Required in the school setting)*

MEDICATIONS *(Include Rx and OTC...attach prescription orders if medication needed during school day)*

HEALTH PROCEDURES *(Examples: breathing treatments, catheterizations, heart monitoring, glucose monitoring, etc. Attach orders if procedures needed during the school day)*

PHYSICAL EDUCATION CONSIDERATIONS

This student may participate in physical education: Yes No *(explain below)* Modified *(explain below)*

EMERGENCY ACTION needed at school due to student's health condition. *(asthma, food or insect allergies, seizures, diabetes, bleeding disorders, cardiac problems) Attach Emergency Action Plan and medication orders if needed.*

OTHER *(Please explain in detail)*

Physician Signature

Date

Physician Name (print)

Phone Number

Fax Number

CCA

CHAMPIONS CHRISTIAN ACADEMY

School Supplies List

Pre-K4 & Kindergarten

Solid color Bible, King James Version only
8 Glue sticks
1 Bottle of Elmer's Glue
Scissors
4 boxes (24 ct) Crayola Crayons
3 Boxes of washable Crayola markers, (primary colors, thick)
Colored pencils
2 sets of watercolors
1 set of dry erase markers
Small plastic school box (solid colors)
4 plastic folders with pockets (solid colors)
2 pkgs. of YELLOW #2 pencils
2 large pink erasers
1 pkg. blank white index cards
1 small spiral notebook (solid colors)
3 boxes of diaper wipes (or refill pack)
1 box of Pint AND 1 box of Gallon Ziplock quick-zip-close bags
1 pkg. of white paper plates (no styrofoam)
1 pkg. of white paper lunch bags
3 large boxes of Kleenex tissues
1 large bottle of GermX hand sanitizer
2 large pkgs. colored construction paper
2 reams multipurpose copy paper
2 Writing tablets, Raised Ruling, Dotted Lines 8x10
1 KinderMat, thin folding & blanket

All other Students:

Solid color Bible, King James Version only
1 Box colored pencils
4 large brown envelopes appx. 9x11
1 small spiral notebook (solid colors)
1 large 5 subject spiral notebook (solid colors)
2 pkgs. of YELLOW #2 pencils
5 black or blue ink pens
2 large pink erasers
12-inch ruler
3 large boxes of Kleenex
1 large bottle of GermX hand sanitizer
2 large pkgs. colored construction paper
1 ream multipurpose copy paper
4 pkgs. of wide ruled notebook paper
Small plastic school box (solid colors)
1 box pencil top erasers

Sixth - Eleventh Levels, additional supplies:

Personal Dictionary
Calculator
Protractor
Compass
1 pack blank white index cards
(art supplies if Elective is chosen)

Twelfth Levels, additional supplies:

Graphing Calculator TI-83 Plus or TI-84 Plus



TO: Parent/Guardian

FROM: Administrator Beth Hill

SUBJECT: Photograph/Name Release for School Website/Facebook/Local Newspaper

Champions Christian Academy is striving to maintain a high level of security for your child(ren) regarding our school website/Facebook/Local Newspaper.

The following is a request for your permission to use your child's photo and/or full name. Please complete the appropriate blank(s), sign and have your child return it to the designated staff member at his/her school.

Student's Name: _____

(No personal information such as home address or phone numbers will be displayed online or in newsprint.)

NAME RELEASE:

I give permission for my child's full name to be featured on:

CCA websites Facebook Local Newspapers

No. I do not give permission for my child's full name to be featured on:

CCA websites Facebook Local Newspapers

PHOTO RELEASE:

I give permission for my child's photo or illustrating materials to be featured on:

CCA websites Facebook Local Newspapers

No. I do not give permission for my child's photo or illustrating materials to be featured on:

CCA websites Facebook Local Newspapers

Parent/Guardian Signature

Date



CHAMPIONS CHRISTIAN ACADEMY

PICK-UP PERMISSION FORM

Name of Child:

I give permission for my child to leave the school with the following persons named below. It is the responsibility of the parents to notify the school, in writing, of any changes.

Name	Phone Number	Relationship

If parents are divorced or separated, photo copies of divorce decree or court injunction must be provided in case of custody incident. Indication must be made as to who picks up child at all times. If there is a separation, divorce, or other custody problem, of which we should be aware, please explain:

Name of person(s) who may not pick up the child:

Name	Relationship

SIGNATURE

Signature of parent or guardian:

Date: