



# 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.

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 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:** \_\_\_\_\_

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