

# Columbus Christian Academy

6405 Military Road ♦ Steens, MS 39766 ♦ 662-328-7888

## Admission Checklist

This application must be completed entirely by or on behalf of all students seeking admission to Columbus Christian Academy. It should be submitted to the Admissions Office.

- ✓ Application completed and returned
- ✓ Copy of student's Birth Certificate
- ✓ Mississippi Certificate of Immunization Compliance Form 121
- ✓ Copy of recent report card, achievement test, high school transcript
- ✓ Registration Fee (\$200 through April 28, 2017; \$350 after April 28, 2017)
- ✓ Family Interview (After CCA has reviewed student application, applicants will be contacted by an Administrator or Guidance Counselor to schedule an interview)

Event	Date(s)
Returning students enrollment begins	Feb. 6, 2017
Open enrollment for new students begins	Feb. 21, 2017
Last day for discounted registration fee	April 28, 2017
Supply Fee due (\$ 75 )	July 1
10 Month tuition plan payment begins	July 1 – April 1

### Notice of Nondiscriminatory Policy as to Student

Columbus Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, athletic programs, and other school-administered programs.

# Columbus Christian Academy Application Form

2017-2018

Grade Entering \_\_\_\_\_

## Student Information:

New Student ( ) Returning Student ( )

Student's Legal Name \_\_\_\_\_  
Last First Middle Goes By

Student's Address \_\_\_\_\_  
Street Apt. No.

\_\_\_\_\_ City State Zip

Student's Social Security No. \_\_\_\_\_ Student Cell Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ ( ) Male ( ) Female Child # \_\_\_\_\_ of \_\_\_\_\_

Family's Church Name \_\_\_\_\_

Transfer Student ( ) Yes ( ) No If yes, Name of last school attended \_\_\_\_\_

Address of School \_\_\_\_\_ Phone \_\_\_\_\_

## Parent/Guardian Information:

### Parent 1

\_\_\_\_\_ Last First

Home Address \_\_\_\_\_  
Street Apt. No.

\_\_\_\_\_ City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ (This email will be used to receive our school wide emails).

### Parent 2

\_\_\_\_\_ Last First

Home Address \_\_\_\_\_  
Street Apt. No.

\_\_\_\_\_ City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ (This email will be used to receive our school wide emails).

**Family Information:**

Student lives with: ( ) Father ( ) Mother ( ) Legal Guardian ( ) Stepfather ( ) Stepmother

Student's parents are: ( ) Married ( ) Separated ( ) Divorced

If divorced please indicate type of custody ordered by the court: ( ) Joint ( ) Sole

Are there any legal custody situations that CCA should know? ( ) Yes, please explain ( ) No

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Does your child have siblings currently attending CCA? ( ) No ( ) Yes

Name & Grade \_\_\_\_\_, Name & Grade \_\_\_\_\_,

Name & Grade \_\_\_\_\_, Name & Grade \_\_\_\_\_

**Emergency Contacts:**

List 2 additional contacts to be used in the event parents cannot be reached:

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

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

**Pick Up Information:**

In addition to emergency contacts, the following may pick up your child:

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

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

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

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

**Medical History:**

Does your child suffer from chronic or acute illness such as diabetes, epilepsy, asthma, or allergies, etc.? If so, please explain.

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Does your child take medicine daily? If so, please list.

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Describe any special learning differences, diagnoses, medical needs and other situations concerning this student that CCA should know.

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**Discipline:** The discipline procedure of the school requires your cooperation. Therefore we, as parents, hereby agree to abide by the rules and regulations as adopted by CCA and those printed in the Student Handbook. Should we have questions concerning the enforcement of these rules we will communicate with school personnel according to the proper chain of authority which is: teacher, then administrator, then school board.

Student Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

**Handbook Acknowledgement:** It is very important that **you** and **your students in 5th -12th grades** read the handbook.

Parents/guardians of K3-4th grade students are responsible for becoming familiar with the handbook policies that affect students in these grades.

\_\_\_\_\_ accepts parental responsibility regarding all rules as described in the CCA handbook.  
**(Parent Signature)**

\_\_\_\_\_ will read and will follow all rules as described in the CCA handbook.  
**(Student Signature: 5th-12th grades only)** **(Student handbook can be downloaded at columbuschristian.com)**

**Public Affairs:** CCA has my permission to use my child's name, photograph, and/or quotes for promotional purposes in the media ( ) Yes ( ) No. I give CCA permission to publish my information in the school's student directory ( ) Yes ( ) No.