

Cedar Heights Christian Academy

APPLICATION FOR ENROLLMENT (K-12)

Date of Application: _____ Applying for school year _____ - _____
 Enrolling for grade (circle one): K 1 2 3 4 5 6 7 8 9 10 11 12

Please complete all pages of this form in full for EACH child applying for enrollment. A non-refundable Diagnostic Testing Fee is required at the time of application for all new students.

STUDENT INFORMATION (Fill out for each student applying)

Student's Name: _____
Last First Middle

Student Lives With _____ Relationship _____

Student's Address: _____
City State Zip

Student's Home Phone: _____ Birth Date: _____ Age: _____
Month/Day/Year

Sex: () Male () Female Church Student Attends _____

FAMILY INFORMATION (*Complete address, home phone & church affiliation, if different from student's)

<p>Father/Stepfather/Guardian (circle one)</p> <p>Name: _____</p> <p>*Address: _____ <small style="margin-left: 100px;">city</small> <small style="margin-left: 100px;">state</small> <small style="margin-left: 100px;">zip</small></p> <p>*Home Phone _____</p> <p>Mobile Phone _____</p> <p>Occupation _____</p> <p>Employer _____</p> <p>Business Phone _____</p> <p>*Church Affiliation _____</p> <p>Email _____</p>	<p>Mother/Stepmother/Guardian (circle one)</p> <p>Name: _____</p> <p>*Address: _____ <small style="margin-left: 100px;">city</small> <small style="margin-left: 100px;">state</small> <small style="margin-left: 100px;">zip</small></p> <p>*Home Phone _____</p> <p>Mobile Phone _____</p> <p>Occupation _____</p> <p>Employer _____</p> <p>Business Phone _____</p> <p>*Church Affiliation _____</p> <p>Email _____</p>
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Are both parents living? _____ If not, which parent is living? _____
 Are parents separated? _____ divorced? _____ If yes, who has legal custody? _____
 (*Please note: The school office needs to be notified as to any restrictions regarding who may take the student from the school premises.)

Person responsible for CHCA account _____
 Billing Address _____

Names and relationship of those who may pick up the student on a routine basis:

(Please keep school office informed in writing of any changes.)

For School Use Only

Testing Fee Paid \$ _____	Cash _____	Check # _____
Registration Fee Paid \$ _____	Cash _____	Check # _____
Activity Fee Paid \$ _____	Cash _____	Check # _____
Supply Fee Paid \$ _____	Cash _____	Check # _____

Siblings

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

We welcome grandparents at Cedar Heights Christian Academy! Our grandparents' names will be added to CHCA emailing lists and they are encouraged to be involved members of our CHCA family.

Paternal

_____	_____	_____
<i>last name</i>		<i>first name(s)</i>
_____	_____	_____
<i>address</i>	<i>city/state/zip</i>	<i>email address</i>
_____	_____	_____
<i>last name</i>		<i>first name(s)</i>
_____	_____	_____
<i>address</i>	<i>city/state/zip</i>	<i>email address</i>

Maternal

_____	_____	_____
<i>last name</i>		<i>first name(s)</i>
_____	_____	_____
<i>address</i>	<i>city/state/zip</i>	<i>email address</i>
_____	_____	_____
<i>last name</i>		<i>first name(s)</i>
_____	_____	_____
<i>address</i>	<i>city/state/zip</i>	<i>email address</i>

GUIDANCE INFORMATION

How did you hear about CHCA? _____

Last school or preschool/daycare attended _____

() Public () Private () Christian/Parochial

Other Schools Attended

Name of School	Location	Grades Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the student ever been dismissed from current or former school? () Yes () No

Has the student ever received a disciplinary censure at school? () Yes () No

Has the student ever received a disciplinary censure from the community? () Yes () No

If "yes" was checked in any of the above questions, attach an additional sheet explaining the circumstance(s).

CHURCH AFFILIATION

Name of church attending: _____

_____ Member _____ Regular Attendee

Address: _____

City State Zip

Pastor's Name: _____ Church Phone: _____

Youth Pastor/Youth Director's Name: _____

OTHER INFORMATION

What special skills, talents, gifts, or business expertise do you have that you are willing to share with Cedar Heights Christian Academy?

What clubs or organizations do you belong to (i.e., Lions, Rotary, Kiwanis, etc.)?

MEDICAL INSURANCE INFORMATION

Primary Medical Insurance _____

Group _____ Subscriber _____

Secondary/Supplemental Ins. _____

Group _____ Subscriber _____

EMERGENCY CONTACTS

In case of emergency or injury, if parents cannot be reached, notify (please prioritize):

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

3. Name: _____ Phone: _____

Relationship: _____

HEALTH INFORMATION

Doctor: _____ Phone: _____ Date of Last Physical: _____

Address: _____

Please list and explain any medical conditions that you feel may affect school performance or require special management at school:

List any routine medications your child is taking and any side effects from them. For what reasons are these medications prescribed?

If your child must take medications while at school, a completed Medication form must accompany the medication.

Does your child have any vision, hearing, or speech difficulties? ____yes ____no

Explain: _____

Does your child wear ____contacts ____glasses ____hearing aids

Does your child have any allergies (food, bee stings, medication, etc.)?

The school must keep on file an updated immunization record. Please keep us updated.

Nondiscrimination Policy

CHCA does not discriminate against members, students, applicants, or others on the basis of race, color, or national origin.