

Cahawba Christian Academy
2415 Montevallo Road; Centreville, AL 35042
205-926-4676 ~ cahawbamail@yahoo.com

STUDENT APPLICATION AND CONTRACT

CCA must have the following forms on file:
Immunization certificate, State certified birth certificate, copy of
Social security card, most recent achievement test and report card

Office Use Only
Date: _____ Time: _____
App. _____ Test: _____

Note: CCA admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities made available to students at school.

GRADE ENTERING _____ **GRADE LAST ATTENDED** _____ **GRADE REPEATED** _____

Full Name of Applicant _____ **SS #** _____ **Gender** _____
Last First Middle

Address _____
Street City State Zip

Home Phone # _____ **Applicant's DOB** _____ **Race** _____

E-Mail Address _____
Father Mother

Circle One: I DO/DO NOT give permission for my child's name to be displayed on Cahawba's website.
I DO/DO NOT give permission for my child's picture to be displayed on Cahawba's website.

School Last Attended _____
Name Address

Student resides with (circle):

Father / Stepfather – SS# _____ Name _____ DOB _____

Place of Employment _____ Work # _____ Cell # _____

Mother / Stepmother – SS# _____ Name _____ DOB _____

Place of Employment _____ Work # _____ Cell # _____

Other (Specify) _____ – SS# _____ Name _____ DOB _____

Place of Employment _____ Work # _____ Cell # _____

Name(s) & Age(s) of siblings _____

Name of Applicant's church _____ **Member** () Yes () No **Attends Sunday School** () Yes () No

List student's physical or medical problems/disabilities/allergies _____

Does your child have any learning disabilities? () Yes () No

Has your child ever been tested for disabilities? () Yes () No

Train up a child in the way he should go; and when he is old, he will not depart from it.
Proverbs 22:6 (KJB)

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Please read statement and sign below:

I have talked with the administration and I understand that it is my (parent/guardian) responsibility to furnish the school with copies of all psychological test evaluation. I further understand that no special classes are available for a learning-disabled student. I agree that my child will be mainstreamed into a regular class and will be expected to follow the prescribed curriculum.

Parent/Guardian Signature Date

Has the student ever been dismissed or suspended from school? () Yes () No If yes, please explain _____

If child needs medical attention and parents cannot be reached, please list names and phone numbers of medical emergency contacts and name and phone number of physician:

Name Home # Work # Cell #

Name Home # Work # Cell #

Physician Phone #

Insurance Company _____ Name of Insured _____

Policy # _____ Group # _____

I give permission for my child to take part in all school approved activities, including sports and school sponsored trips, senior lunch, etc. away from school premises, and do hereby absolve the school of liability due to any injury to my child during any such school activity. I give the school the authority to check my child's personal possessions, locker, and car, if such is deemed necessary.

Parent's Signature _____ Date _____

I hereby agree to the following:

I understand that tuition is due on the 1st day of every month and late after the 10th, at which time I will receive a late fee of \$45.00. I further understand that on the 45th day of non-payment, my child will be suspended until ALL arrears are current.

I will familiarize myself with the CCA Student Handbook.

In registering my child(ren) for the _____ school year, I do pledge and promise the payment of all school tuition, fees and related expenses. I understand that it is the policy of the school to make no refunds of registration/activity fees. **After a student has been registered, an early withdrawal fee of \$500.00 will be charged prior to August 1, all tuition and fees for the remainder of the school year are due regardless of the child's attendance.** I agree to pay court costs, collection fees, a reasonable attorney fee and indebtedness to the school, all records, reports and transcripts may be withheld.

Signature _____ Date _____

Cahawba Christian Academy Board of Directors is ever mindful of the dangers drugs and alcohol pose on the health, safety and well-being of students and staff. Students and staff may be required to submit to drug and/or alcohol test in accordance with the policy and directives approved by Cahawba Christian Academy Board.

In accordance with Federal guidelines, it is necessary for an individual that has not reached their eighteenth birthday to have written parental consent prior to the administration of a drug and/or alcohol test. This form constitutes consent for:

Parent's Signature Date

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