

Cahawba Christian Academy
2415 Montevallo Hwy.
Centreville, AL 35042
Telephone (205) 926-4676 / Fax (205) 926-4633

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 _____ Social Security # _____ 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 Name DOB Place of Employment Work #
SS# Cell # _____

Mother/Stepmother Name DOB Place of Employment Work #
SS# Cell # _____

Other (Specify) Name Occupation Place of Employment Work #
Cell # _____

Names(s) and age(s) of brother and sisters:

Name of Applicant's church: _____ Member: _____ Attends Sunday School? _____

List student's physical or medical
Problems/disabilities/allergies: _____

Does your child have any learning disabilities? _____ Has your child ever been tested for disabilities? _____

Please read statement and sign below:

I have talked with the administration and I understand that it is my (parent's/guardian's) 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 student ever been dismissed or suspended from school? _____ If yes, please explain: _____

(OVER)

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 Phone #	Work Phone #	Cell Phone #
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Name	Home Phone #	Work Phone #	Cell Phone #
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Physician	Phone #
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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 of every month and late after the 10th, at which time I will be charged a late fee of **\$40.00**. 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 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 other expenses incurred by the school in enforcing this agreement. Further understand that at any time there exists an unpaid 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 testing during the school year. Your signature below authorizes Cahawba Christian Academy to administer a drug test and/or alcohol test in accordance with the policy and directives approved by the 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:

Student's Name (print)	Social Security #
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Parent's Signature	Date
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