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

## STUDENT APPLICATION AND CONTRACT

CCA must have the following forms on file:	<u>C</u>	Office Use Only
Immunization certificate, State certified birth certificate, copy of	Date:	Time:
Social security card, most recent achievement test and report card	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.

Please select schooling option: Home School		Home School Student _		Student		
GRADE ENTERING	E ENTERING		GRADE LAST ATTENDED		GRADE REPEATED	
Full Name of Applicant	Last	First	Middle	SS #	Gender	
Address	Street		City	State	Zip	
Home Phone #		Applic	cant's DOB	DOB Race		
E-Mail Address		Father			Mother	
		re permission for my child's re permission for my child's				
School Last Attended _						
Student resides with (ci	rcle):	Name		Addro	ess	
Father / Stepfather – SS#	<u>ــــــــــــــــــــــــــــــــــــ</u>	Name			DOB	
Place of Employment			Work #		Cell #	
Mother / Stepmother - Stepmothe	S#	Name			DOB	
Place of Employment			Work #	:	Cell #	
Other (Specify)		– SS#	Name		DOB	
Place of Employment	t		Work	¥	Cell #	
Name(s) & Age(s) of sib	olings					
Name of Applicant's ch	urch		Me	mber () Yes ()]	No Attends Sunday School ( ) Yes ( ) No	
List student's physical o	or medical pr	oblems/disabilities/allergie	S			
Does your child have ar	ny learning d	isabilities? () Yes () No	Has yo	ur child ever beer	n tested for disabilities? () Yes () No	
Please read statement a	nd sign belov		/ / <b>I</b>			

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.

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## 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	Na	me of Insured	
Policy #	Gr	oup #	
I give permission for my child to take part in school premises, and do hereby absolve the s authority to check my child's personal posses	chool of liability due to any injury to n	ny child during any such school act	
Parent's Signature		Date	
I hereby agree to the following:			
I understand that tuition is due on the 1 <sup>st</sup> of understand that on the 45 <sup>th</sup> day of non-pay	lay of every month and late after the yment, my child will be suspended w	10 <sup>th</sup> , at which time I will receive ntil <u>ALL</u> arrears are current.	a late fee of \$45.00. I further
I will familiarize myself with the CCA Stude	nt Handbook.		
In registering my child(ren) for the understand that it is the policy of the school t withdrawal fee of \$500.00 will be charged child's attendance. I agree to pay court cost transcripts may be withheld.	o make no refunds of registration/activ prior to August 1, all tuition and fee	ity fees. After a student has been s for the remainder of the school	registered, an early year are due regardless of the
Signature		Date	_
Cahawba Christian Academy Board of Direc students and staff. Students and staff may be Cahawba Christian Academy Board.			
In accordance with Federal guidelines, it is no prior to the administration of a drug and/or al			have written parental consent

Print Student's Name

Parent's Signature

Date

Social Security #