



Application for Admission

ACADEMIC EXCELLENCE

Date of Application _____ | School Year _____ |

Applicant's Name _____ | _____ | _____ | _____ |
(First) (Middle) (Last) (Preferred Name)

___ 5 day Pre K-K ___ Grades 1 - 8 | Grade Entering _____ | Male ___ Female ___ |

Age ___ | ___/___/___ | Place of Birth _____ | US Citizen ___ Yes ___ No |
(Date of Birth - mm/dd/yy)

Student's birth date verified with acceptable documentation. Verified by _____ |
(Birth Certificate, Hospital Statement, Notarized Statement, Passport or Visa) (School Official)

SS# _____ | Ethnic Background _____ | Primary Language _____ |
(Information gathered for statistical purposes) (Spoken at home)

Has the student been baptized ___ Yes ___ No | Date ___/___/___ | Where? _____ |
(mm/dd/yy) (Name of Church, City, State)

Home Address _____ | _____ | _____ | _____ | _____ |
(Street Address) (Street Name) (City Name) (State) (Zip Code)

Students's Home Phone _____ | Student's Cell Phone _____ |
(If student does not have a cell #, Put N/A)

Student's Email Address _____ |
(If student does not have an email address, put N/A)

Student's Health Concerns (Takes medication regularly, wears glasses or contacts, hearing problems, allergies, diabetic, etc.) |
Describe _____

Does your child have any physical conditions with would hinder him/her from carrying a full academic load?
___ Yes ___ No | If Yes, please explain _____

Student's Church Membership _____ | _____ |
(Local Church or Religious Affiliation) (Denomination)

Student's Last School Attended _____ | Date Last Attended _____ |

Does the student have an IEP? ___ Yes ___ No | If yes, please provide a copy.

Is the student currently expelled or suspended from another school? ___ Yes ___ No |

If yes please provide a written explanation.

Physician _____ | _____ | ___/___/___ |
(Doctor's Name) (Phone) (Date of last visit - mm/dd/yy)

Dentist _____ | _____ | ___/___/___ |
(Doctor's Name) (Phone) (Date of last visit - mm/dd/yy)

Proof of Immunization or State Waiver. Verified by _____ |
(School Official)

Parent Information

(Parent / Guardian Full Name)	(Parent / Guardian Full Name)
Address (Only if different from student) _____	Address (Only if different from student) _____
Relationship to Student _____	Relationship to Student _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Business Phone _____	Business Phone _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____
Church Affiliation _____	Church Affiliation _____
Denomination _____	Denomination _____
US Citizen ___ Yes ___ No	US Citizen ___ Yes ___ No
Parents are: ___ Married ___ Separated ___ Divorced ___ Single	
If parents are separated/divorced, who has legal custody? _____	
With whom does the student live? _____	
Is there a court order concerning custody? ___ Yes ___ No ___ N/A	
Is there a "NO CONTACT" order? ___ Yes ___ No ___ N/A	
Copies of official Custody and / or No Contact paperwork must be on file at the school. _____	

(Signature of School official)

Others in the household |

Name	Relationship to student

If parents cannot be reached, whom may we call in case of an emergency? Parents will always be called first.

Name _____	Phone _____
Name _____	Phone _____

The school must be notified if a designated person has been asked to collect your child/children. The designee must present a driver's license before the child/children will be released into his/her care.

My child will come to and from school by: ___ Family Car ___ Car Pool |

Regular Car Pool Driver(s) _____

(Please list only Car Pool Drivers, Not people allowed to pick up your child, SEE ABOVE)

_____ (initial) **NON-REFUNDABLE ENROLLMENT FEE AND FIRST MONTH'S TUITION** | I understand that upon being accepted at CCA the enrollment fee and first month's tuition is non-refundable and non-transferrable.

_____ (initial) **School learning resource materials and equipment** | I the financially responsible party agree that if any learning resource materials or equipment assigned to this student become damaged, misused beyond normal wearing tear, are lost, that I will pay the school for the replacement cost to the materials or equipment.

_____ (initial) **Due Process** | Rules and policies announced by the administration during the school year will take precedence over statements previously printed in the handbook.

_____ (initial) **Consent to Testing** | I give permission for CCA, or it's authorized representative, to test my child in order to determine academic progress and best serve his/her needs. (The range and scope of testing will be determined on an individual basis. If your child has has previous diagnostic testing, it is important for the school to have a copy of the results on file.

_____ (initial) **School Directory** | I understand that my name, address, and phone number will be put into a school directory. My child's name will also be included. I understand that the school directory will be sent out via email, and is for current school families and staff only. I agree not to distribute this information to others.

_____ (initial) **Consent to Treat**—I, the parent, do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to my child under the general or special instructions of his/her physician or any physician the school may call, whether such diagnosis or treatment is rendered at the office or at a licensee's hospital. It is understood that reasonable effort will be made to contact the doctor listed on this application before any other physician is called. It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize CCA or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment. This consent shall remain in continuous effect until revoked in writing and delivered to the physician listed on this application or to the school entrusted with the custody of my child.

_____ (initial) **Acceptable Use Policy**—I, the parent, grant permission for my child to access computer services such as electronic mail and the Internet. I understand that individuals and families may be held liable for any inappropriate behavior. I understand that some materials on the Internet may be objectionable but I accept responsibility to work with the school in guidance of Internet use, setting and conveying standards for my child to follow when selecting, sharing, or exploring information and media.

_____ (initial) **Photo/Video Release**—I hereby grant CCA and its employees, agents and assigns, the right to photograph my child and use the photo, derivatives, and/or other digital reproductions of him/her or other reproductions of his/her physical likeness for publication purposes, whether electronic, print, digital or electronic publishing via the Internet. Furthermore, I assign the rights for any recording, be it audio and/or visual, to be used in the same manner as the aforementioned photographs. Example: Website, PR, wall posters, etc.

_____ (initial) **Disclaimer**—CCA reserves the right to withdraw acceptance or dismiss the applicant from school in the event that incomplete or inaccurate information is provided. The application information is confidential and is intended for the school's purposes only. This form is an application for admission only. Upon completion of all application procedures and School Board approval, you will be notified of acceptance.

Parent/Guardian Contract | We/I agree to actively support and encourage my student's active support of the *Guiding Principles* of CCA, the Principles for Life at CCA, and the guidelines set forth in the Student Handbook. We/I will provide physical examination reports for this student (this should include scoliosis examination), a) entering school for the first time, b) at grade seven and at other grades, when required by the Texico Conference Board of Education. We/I agree to accept full financial responsibility for this student. We/I affirm that the information provided in this application is true to the best of our/my knowledge.

_____ | _____
PARENT/GUARDIAN'S SIGNATURE | DATE

_____ | _____
PARENT/GUARDIAN'S SIGNATURE | DATE

Student Contract | I have the CCA Student Handbook. If I am accepted by CCA I pledge myself to actively support the *Guiding Principles, The Principles for Life at CCA* and the guidelines set forth in the CCA Student Handbook.

_____ | _____
STUDEDNT'S SIGNATURE | DATE

What characteristics of CCA interest your family, and why do you feel that our school is a good match for your child?

CCA is dedicated to nurturing and encouraging students' intellectual, artistic, social, physical, and spiritual abilities. What are your child's strengths in these areas? _____

Please describe any learning disabilities your child may have and any accommodations they may need.

How did you hear about us? _____

Do you have any words of encouragement for the administration or staff of the school? _____

Please submit this application with the non-refundable registration fee to:

Admissions
Canyon Christian Academy
PO Box 511, Alamogordo, NM 88311
Phone 575-921-5680
canyonchristianacademy.org

Canyon Christian Academy does not discriminate on the basis of race, color, religion, national or ethnic origin, gender, or handicap in the administration of its educational program, admission policies, and other school-administered programs.