

Carolina Christian Academy

STUDENT APPLICATION

Carolina Christian Academy admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. Carolina Christian Academy does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic or other school administered programs.

**State and Nationally Accredited • Certified Teachers
College Prep, Honors, and Advanced Placement Courses**

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ADMISSIONS POLICIES

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2. For K5 and first grade, a child must be of age before September 2nd.
3. For grades 7 - 12, a student must be active in an evangelical, Christian church, testify to belief in Jesus Christ as the Almighty Creator, co-equal with Father and Holy Spirit, to belief in the Gospel and to personal reliance upon Jesus Christ for eternal salvation; and receive the recommendation of his pastor.
4. Students must apply, be accepted, register, and pay fees and one month's tuition to be admitted to class.
5. No student who has had an out-of-school suspension or is expelled or has a pending disciplinary matter at another school will be admitted during the school year.
6. No student who was suspended or expelled at the end of the previous year will be admitted at the beginning of the school year.
7. Carolina Christian Academy is not equipped to accommodate students with severe learning or physical disabilities.

PROCEDURE TO APPLY

1. Secure, complete, and submit an application. This may be handled by mail.
2. Pay registration fee. This must be paid before application can be considered and should accompany application.
3. Come for an interview if one is requested.
4. A parent or guardian will be notified if the student is accepted.
5. If the application is declined, registration fee will be refunded.

GRADES 2 - 12 PLACEMENT

Students in grades 1 - 12 must score grade level on a nationally standardized test such as the Stanford, Metropolitan, etc. to be admitted to the next higher grade at CCA.

Students who did not take a nationally standardized test will be given a placement test. The cost is \$35.00.

CCA will secure the records of transferring students. Parents should be aware that it may take two or three weeks to get these records and have them evaluated.

STUDENT INFORMATION

Student's Name _____ Sex: _____ Birthday: _____

Social Security Number: _____ Place of Birth: _____

Applying for Half Day: K-2____; K-3____; K-4____; K-5____

Applying for Full Day: K-2____; K-3____; K-4____; K-5____. Grade: 1____; 2____; 3____;
4____; 5____; 6____; 7____; 8____; 9____; 10____; 11____; 12____

Last School Attended: _____ Grade _____

School's Address: _____

Any Physical Disabilities? _____

Any Learning Disabilities? _____

Any suspensions or expulsions from any school last year or this year? _____

If yes, explain: _____

Complete the following only if applying to transfer during school year.

Please indicate reason you wish to make this transfer now: Family relocating to Lancaster area _____;

Poor grades _____; Desire for better environment _____; Desire for Christian training _____;

Problems at present school _____ (please note that CCA will not admit any student during the school year that has had an out-of-school suspension or is expelled or has a pending disciplinary matter);

Other _____; Explain _____

FAMILY INFORMATION

Father: _____ Does child live with father? _____
Address: _____
Employer & Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email address: _____
Mother: _____ Does child live with mother? _____
Address: _____
Employer & Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email address: _____
Guardian: _____ Does child live with guardian? _____
Address: _____
Employer & Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email address: _____

DOES FAMILY ATTEND CHURCH REGULARLY? NO_____; YES_____.

If yes, Church Name: _____
Pastor's Name: _____ Phone: _____
Pastor's Address: _____

EMERGENCY TREATMENT RELEASE FORM

In case of accident or serious illness, the school will attempt to contact a parent or guardian. If the school is unable to reach a parent or guardian, the school is hereby authorized to call the physician indicated below and to follow his instructions. If no physician is listed or if it is impossible to contact this physician, the school is authorized to make whatever arrangements seem necessary.

List of medications student is allergic to: _____
Give any medical information that may be needed: _____

Physician's Name: _____ Phone: _____
Physician's Address: _____

List two neighbors or nearby relatives who will assume temporary care of your child, if you cannot be reached.
Name: _____ Phone: _____
Address: _____
Name: _____ Phone: _____
Address: _____

PARENT SURVEY

How did you first learn about CCA? 1) _____ People; 2) _____ Yellow Pages; 3) _____ Saw School;
4) _____ Ads. Please describe ad: _____

AFTER READING 1 – 11 BELOW, CHECK THE TWO THAT INFLUENCED YOU THE MOST.

- 1) _____ Recommendation of a friend; 2) _____ Tour of school; 3) _____ School's reputation;
4) _____ Desire for quality education; 5) _____ Athletics 6) _____ School's fine arts;
7) _____ Desire for good environment; 8) _____ School's Location 9) _____ Discipline policies;
10) _____ Desire for Christian education; 11) _____ Other: _____

In your own words, tell us what you want CCA to do for you and your child: _____

AGREEMENT

In submitting this application, I agree to the following. ***Please initial each number after reading it.***

Initials

- ___ 1. I understand that the primary reason for **Carolina Christian Academy** is to provide my child a Christ- centered, quality education. I am supportive of this purpose.
- ___ 2. I will provide the school with copies of my child's immunization record and birth certificate within ten days of submitting this application or before the opening day of school, whichever comes first.
- ___ 3. The school has full discretion for the grade placement of my child.
- ___ 4. I give my child permission to take part in all school activities, including P.E., sports, and field trips. It is understood that those persons in charge will take all reasonable caution to prevent injuries, but I agree neither those in charge nor the school shall be held responsible in case of accident or other sickness connected with participation. If a dispute over this agreement or any claim for damages arises, the student and his parents or guardians agree to resolve this matter solely through a mutually acceptable arbitration process.
- ___ 5. I understand that ***student accident insurance*** covers travel to and from school, field trips, P.E., athletics, the school day, and all other school-related activities. I understand that this Insurance covers every penny of a school-related accident and that it ***is secondary insurance - meaning it will pay only after any other health insurance coverage the parent may have has paid.***
- ___ 6. I understand that the cost to educate my child exceeds what I will pay. Therefore, I agree to cooperate with school's two annual fund raising efforts by helping and encouraging my child with them. The first is *The American Card* sale in the fall and *World's Finest Chocolate* sale in the spring. If I choose not to participate, I agree to make a donation to the school equal to what the average student will raise.
- ___ 7. Under South Carolina law, schools may administer corporal punishment (paddle). ***Provided an official warning is sent home in advance,*** I understand that the office may administer corporal punishment (paddle) and I hereby agree to that.
- ___ 8. I agree that registration and matriculation fees are non-refundable and that I will owe tuition for the weeks of attendance as per the terms on the Financial Information Sheet.

SIGNATURES

Father: _____ Date: _____
Mother: _____ Date: _____
Guardian: _____ Date: _____
Guardian: _____ Date: _____

Do Not Write Inside This Box - For Office Use Only	
Date received: _____ Application fee paid \$ _____; Application accepted: _____; Date Acceptance Sent: _____;	
Records requested: _____ Other: _____	