



Columbus Christian Academy

“Educational Excellence for Christ”

ENROLLMENT INFORMATION

Columbus Christian Academy is a Christian educational institution whose goal is to provide area young people with an excellent educational opportunity from a Christian perspective.

Solid academic and conservative lifestyle reflect the school’s commitment to distinctively Christian principles. The program is open to all who share a similar philosophy, without regard to denominational affiliation or race.

The enrollment packet includes the following items:

1. Application Form
2. Medical History
3. Official Record of Immunizations
4. Tuition Agreement
5. Schedule of Fees
6. Sports Fees

The procedure for seeking enrollment is as follows:

1. Obtain enrollment packet from the school office.
2. Return completed forms to the school office along with payment of the application and Testing fee.
3. Arrange for a testing date and an interview with the school principal.
4. Final acceptance for enrollment is conditional upon completion of satisfactory interview, test scores, and payment of registration fee.



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STUDENT APPLICATION FORM

Name: _____

Date of Birth: _____

Male/Female: _____ Age: _____ SS# _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Student's Cell Phone: _____

Father's Name: _____

Business Phone: _____ Cell Phone: _____

Father's Email: _____

Employment: _____ Position: _____

Mother's Name: _____

Business Phone: _____ Cell Phone: _____

Mother's Email: _____

Employment: _____ Position: _____

Marital Status: Married _____ Widowed _____ Divorced _____ Separated _____ Single _____

Student lives with? _____

Who has legal custody: _____

****Provide Legal Custodial Documents****

Does other parent have visitation rights? _____

How did you learn of CCA? _____

Your reason for applying? _____

SCHOLASTIC INFORMATION

School/Preschool last attended: _____

Address: _____

Last grade successfully completed? _____ Ever retained? _____ Grade: _____

Ever expelled, dismissed, suspended? _____ Explain: _____

Ever refused admission to another school? _____ If yes explain? _____

Has he/she ever been tested, diagnosed or evaluated for giftedness, learning disability, reading difficulty, attention deficit disorder, etc.? _____

Does your child have an I.E.P.? _____

Any disciplinary difficulties? _____ Explain: _____

Please describe your child. His/her strength: _____

RELIGIOUS INFORMATION

Describe your spiritual/faith background (ie. your church attendance etc.): _____

AGREEMENT

I have read all the informational materials provided and agree to abide by the academic and disciplinary policies and regulations of the school; and to require that my child give full cooperation to the specifics and spirit of those regulations.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____



Columbus Christian Academy Sports Fees

Columbus Christian Academy is proud to offer competitive athletics to our middle and high school students. We offer the following sports at the cost of:

First sport: \$75

Second sport: \$50

Third and subsequent sports: \$25

Fall Sports (*Soccer, Volleyball, CrossCountry*)

Winter Sports (*Cheerleading & Basketball*)

Spring Sports (*Softball, Baseball, Golf*)



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TUITION AGREEMENT

Tuition for Columbus Christian Academy is as follows:

First child:	\$3200.00
Second child:	\$2880.00
Third child:	\$2590.00
Fourth child:	\$1700.00
Fifth Child	\$Free

Fees for Columbus Christian Academy are as follows:

Elementary (K-5)	\$550.00
Middle School (6-8)	\$750.00
High School (9-12)	\$950.00

It is understood and agreed that tuition and fees are payable monthly in advance, for ten months, beginning with August 1 and concluding on May 1.

The tuition is due the first of the month. A late fee of 1 ½% of the balance due will be added on the 10th of each month.

It is further agreed that if tuition is not paid by the end of each month, the student may be dismissed until payment-in-full is made.

Parent or Guardian: _____ Date: _____

IMMUNIZATION RECORD

(to be completed by health care provider)

*****MAY PRINT OUT NC OFFICIAL CERTIFICATION OF IMMUNIZATION REGISTRY RECORD FROM PHYSICIAN'S OFFICE WITH PHYSICIAN'S SIGNATURE AND ATTACH*****

Enter the date of EACH dose – Month/Day/Year (or attach printed immunization record from MD)

VACCINE	#1	#2	#3	#4	#5
DTaP,DTP,DT					
Polio					X
Hib					X
Hepatitis B				X	X
MMR combined			X	X	X
Measles			X	X	X
Mumps		X	X	X	X
Rubella		X	X	X	X
Varicella		X	X	X	X

State Law Requires the Following Minimum Doses:

- 5 - DTaP, DTP, DT doses (If 4th dose is after 4th birthday, 5th dose is not required, DT requires medical exemption.)
- 4 - Polio Vaccine doses (if 3rd dose is after 4th birthday, 4th dose is not required.)
- 3 - Hepatitis B doses (Children born on or after July 1, 1994 are required to have 3 doses.)
- 2 - Measles doses (at least 30 days apart; 1st dose on/after 12 month of age.)
- 1 – Mumps dose (on/after 12 months of age)
- 1 – Rubella dose (on/after 12 months of age)
- 1 – Varicella dose (Children born on or after April 1, 2001 without documented history of disease.)

Exemptions from the North Carolina Immunization Law require that a statement must be on file at school in student's permanent record. Exemption must meet requirements of the law. Consult the local health department.

Medical Exemption: _____

Religious Exemption: _____

Signature of Health Care Provider: _____ Date: _____

Address: _____

Phone Number: _____

MEDICAL HISTORY

IT IS MANDATORY that pupils who show symptoms of communicable diseases be excluded from classes until readmission is acceptable to the School's Educational leaders. Your cooperation will be greatly appreciated. Thank you!

Student's Name: _____

Date of Birth: _____ Sex: _____

Father's Occupation: _____ Mother's Occupation: _____

Father's Health: _____ If deceased, cause: _____

Mother's Health: _____ If deceased, cause: _____

PAST DISEASES (if your child has had any of the following, state age when he/she had them.)

ADD/ADHD

DIABETES

MENINGITIS

ASTHMA

DIPHTHERIA

MUMPS

EAR INFECTIONS

AUTISM

PNEUMONIA

CANCER/LUKEMIA

ECZEMA/OSIRUASUS

POLIO CEREBRAL

PALSY

RHEUMATIC FEVER

CHICKEN POX

HAY FEVER

SCARLET FEVER

CONVULSIONS/SEIZURES

HEART DISEASE

SICKLE CELL ANEMIA

CYSTIC FIBROSIS WHOOPING

COUGH

RECENT DISABILITIES (Please check all that apply) Provide additional information on back of this sheet.

Abdominal Pains

Dental Defects

Hernia (rupture)

Allergy

Dizziness

Nose Bleeding

Fainting Spells

Persistent Cough

Frequent Sties

Bone/Muscle Problems Growing Pains

Poor Vision

Bowel Problems

Frequent Leg Pains

Ring Worm

Breathing Problems

Frequent Sore Throats

Seizures

Colds (4 or more yearly

Frequent Urination

Speech Difficulty

Crippling Conditions

Hearing Difficulty

Tires Easily

Does your child have a disability due to disease or accident? _____

Parent's Signature: _____ **Date:** _____

Physicians Signature: _____ **Date:** _____

Physicians Phone: _____