



## Application for Enrollment

### STUDENT INFORMATION

Legal Name: (Last, First, Middle, Nickname) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_ Grade Entering: \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church of Attendance: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Do you have siblings attending Coastal Christian Academy? Yes \_\_\_ No \_\_\_ Ages: \_\_\_\_\_, \_\_\_\_\_ Grades: \_\_\_\_\_, \_\_\_\_\_

### Previous Educational Information

Please list the last three schools (including preschools) that your child attended. Please include city and state of school.

School: \_\_\_\_\_ Grade(s): \_\_\_\_\_ City, State: \_\_\_\_\_

School: \_\_\_\_\_ Grade(s): \_\_\_\_\_ City, State: \_\_\_\_\_

School: \_\_\_\_\_ Grade(s): \_\_\_\_\_ City, State: \_\_\_\_\_

Briefly state why you desire to send your child to Coastal Christian Academy.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FAMILY INFORMATION

Parent/Guardian Marital Status: (please circle) Married Separated Divorced Remarried Single

Child resides with: (please circle) Both Parents Mother Father Stepfather Stepmother Other: \_\_\_\_\_

Financial Responsibility will be assumed by: \_\_\_\_\_

### *In case of divorce or separation, please complete the following questions:*

*If there is a restraining order pertinent to the student(s), a copy of legal documents must be submitted before enrollment.*

Legal Custody: (please circle) Joint Mother Father Guardian Other: \_\_\_\_\_

School Notifications should be sent to: Mother Father Guardian Other: \_\_\_\_\_

**FAMILY INFORMATION (cont.)**

**Father's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation / Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation / Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Step Father's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation / Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Step Mother's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation / Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

A **non-refundable** application fee of \$25 per student must accompany this form in order to consider your child's placement at CCA.

In signing this application, I give CCA my consent to contact my child's previous school/preschool if needed.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ADDITIONAL IMPORTANT INFORMATION**

The school is not staffed to teach children with significant learning disabilities or behavioral issues. We would appreciate your assistance in answering the following questions as candidly as possible. If your child has an individualized educational or behavioral plan, it **must** be submitted with this enrollment application.

1. Does your child have any special learning needs (ADD, ADHD, dyslexia, autism, etc.) that would require special attention in a traditional classroom setting? \_\_\_\_\_ If yes, please explain:

---

---

2. Has your child ever been referred for testing or placed in a special program? \_\_\_\_\_ If yes, please explain:

---

---

3. Has your child ever seen or been referred to a counselor/physician/psychiatrist for any social, behavioral, emotional, or mental issue? \_\_\_\_\_ If yes, please briefly state the nature of the issue:

---

---

4. Has your child ever taken medication for a learning or behavioral issue? \_\_\_\_\_ If yes, please explain:

---

---

5. Has your child ever experienced any disciplinary problems at a previous school? (i.e. Has a teacher or administrator ever contacted you regarding your child's behavior?) \_\_\_\_\_ If yes, please explain:

---

---

6. Has your child ever repeated a grade/class for any reason? \_\_\_\_\_ If yes, which grade: \_\_\_\_\_ Please explain:

---

---

7. Are you opposed to having your child go back a grade or level if deemed appropriate? \_\_\_\_\_  
Please articulate your view on this:

---

---

8. Has your child ever been suspended, expelled, or asked to withdraw from any school? \_\_\_\_\_ If yes, please explain below. Please include the principal's name, school name and school phone number.

---

---