



# Application For Enrollment

## Cornerstone Christian Academy

355 North Cross Street  
Sycamore, IL 60178  
(815) 895-8522

### **Non-Discrimination Statement**

Cornerstone Christian Academy (CCA) admits students of any race, color, nationality, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to CCA students. We do not discriminate on the basis of race, color, nationality or ethnic origin in the administration of our educational policies, admissions procedures, special assistance programs, athletic and other school-administrated programs. The CCA Board of Directors reserves the right to deny admission to any individual who, in the opinion of the Board, cannot benefit by the experience based on past academic achievement or whose personal life style is not in harmony with the stated philosophy and purpose of Cornerstone Christian Academy.

### **Mission Statement**

The mission of Cornerstone Christian Academy is to provide for each student a comprehensive education, which is based on God's truth, while building stronger relationships among parents, staff, and students.

### **Vision Statement**

The vision of Cornerstone Christian Academy is to raise up effective leaders of godly character who will blend academic achievement and biblical truth to influence society for the glory of God.

### **Statement of Faith**

There is only one God eternally existing in three persons - the Father, the Son, and the Holy Spirit. The Holy Scriptures are inspired by God and are our only infallible rule of faith and practice. Jesus Christ died, shedding his blood for our sins, and was bodily raised from the dead for our justification. He will return visibly and bodily with power in accordance with prophetic scripture. Man is by nature and practice a sinner separated from God and can become God's child only by faith in Jesus Christ as personal Lord and Savior. Those who are thus born into God's family have eternal life in the presence of God, and those who are not remain eternally separated from God in spiritual death. The Holy Spirit lives in the believer and enables him to walk in purity of life and submission to the will of God. All believers are united in the body of Christ.

For Office Use ONLY

Date Rec'd \_\_\_\_\_

Fee Paid \_\_\_\_\_

Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Student: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of birth: \_\_\_\_\_ Grade Applied For: \_\_\_\_\_

School last attended: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of School: \_\_\_\_\_

**How did you hear about Cornerstone Christian Academy? Please circle:**

Radio Ad

Newspaper Ad

Church

Open House

Word of mouth

CCA Family

Other: (please specify) \_\_\_\_\_

## Family Information

**Father:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Marital Status: (please circle)**

Married Separated Widow Divorced Single

Name of Stepmother if applicable

\_\_\_\_\_

**If divorced or separated, indicate custody arrangement:**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Joint: \_\_\_\_\_

**Place of Employment/Occupation:**

\_\_\_\_\_ Phone: \_\_\_\_\_

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**Mother:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Marital Status: (please circle)**

Married Separated Widow Divorced Single

Name of Stepfather if applicable

\_\_\_\_\_

**If divorced or separated, indicate custody arrangement:**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Joint: \_\_\_\_\_

**Place of Employment/Occupation:**

\_\_\_\_\_ Phone: \_\_\_\_\_

**Other Children in Family:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**To be completed by father:**

Why do you want your child to attend CCA?

\_\_\_\_\_

What are your priorities regarding your child's education?

\_\_\_\_\_

What do you want your child taught about God?

\_\_\_\_\_

Church attending: \_\_\_\_\_ Member: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Pastor: \_\_\_\_\_



**To be completed by mother:**

Why do you want your child to attend CCA?

\_\_\_\_\_

What are your priorities regarding your child's education?

\_\_\_\_\_

What do you want your child taught about God?

\_\_\_\_\_

Church attending: \_\_\_\_\_ Member: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Pastor: \_\_\_\_\_

My child has my permission to take an aspirin-free pain reliever. \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent(s)/Gardians(s) Signature: \_\_\_\_\_

The following information is a necessary part of the enrollment process. Enrollment is not based strictly on your responses. All information provided is held in strictest confidence and is used in order that we may better serve the student and family.

Has the student ever applied to CCA in the past? \_\_\_\_\_ If so, for what reason did the student not attend?

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Has the student ever been dismissed from a school for any reason? \_\_\_\_\_ Please include if they have ever been suspended, asked to withdraw or received disciplinary action. If "yes" to any of these questions, please attach full details including name of school and year.

Does the student have any food allergies? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Does the student have any diagnosed learning disabilities? \_\_\_\_\_ If yes, briefly describe:

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Does the student have any mental, emotional or special physical disabilities that may affect their activities or progress? Also, does the student regularly take medication for any condition?

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List special interests of the student: \_\_\_\_\_

### Extended Care/Misc

Extended Care is available from 6:30 a.m. until school begins at 8:00 a.m. and after school from 3:30 p.m. until 6:00 p.m. This is billed monthly. A late fee will be assessed for every 15 min. after 6:00 p.m. Please indicate the e-mail address where the billing for extended care and any misc. items may be sent:

E-mail \_\_\_\_\_

\*Indicate "paper bill" if you do not wish to receive a statement by e-mail.

## Parental Statement

We understand that enrollment in Cornerstone Christian Academy is not a right but a privilege, and do affirm that we believe discipline is necessary for the welfare of each student, as well as for the entire school. Therefore, if enrollment is granted, we hereby give permission for our child's teachers and/or other agents of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the scriptures.

We will uphold the authority of the teachers and staff of Cornerstone Christian Academy, and in the event that we cannot cooperate fully in disciplinary matters, or if for disciplinary reasons the school must expel our child, we will forfeit all tuition paid.

We understand that we will cover any cost incurred, through our own insurance or other means, from any injuries received on Cornerstone Christian Academy property.

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

## Student Statement

The student statement must be signed by each student who is applying for enrollment.

I have read and I understand the standards of conduct for Cornerstone Christian Academy and while enrolled in Cornerstone Christian Academy agree to cooperate with these standards to the fullest extent.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date