



STUDENT INFORMATION

Name: _____ Sex: _____

Date of Birth: _____ Age: _____

Home Address: _____

City, State, Zip: _____

Phone: _____ Grade Applied For: _____

School Last Attended: _____ Phone: _____

Address of School: _____

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, what reason did the student not attend? _____

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, please attach full details including the name of the school and year.

Does the student have any food allergies? _____

If yes, please describe: _____

Does the student regularly take medication for any condition? _____

If yes, please describe: _____

Has the student ever received or been referred for student support services in the areas of academics and/or behavior? _____

If yes, please explain: _____

Does the student have any diagnosed learning disabilities? _____

If yes, please explain: _____

Does the student have any mental, emotional, and/or physical disabilities? _____

If yes, please explain how these disabilities may affect their activities or progress:

STUDENT STATEMENT

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

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

Signature of Student

Date

FAMILY INFORMATION

FATHER

Name: _____

Address: _____

City, State, Zip: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Place of Employment: _____ Phone: _____

Marital Status: Married Separated Widow Divorced Single

If divorced, indicated custody arrangement:

Mother: _____ Father: _____ Joint: _____

Name of Stepmother if applicable: _____

Why do you want your child to attend Cornerstone? _____

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: _____

MOTHER

Name: _____

Address: _____

City, State, Zip: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Place of Employment: _____ Phone: _____

Marital Status: Married Separated Widow Divorced Single

If divorced, indicated custody arrangement:

Mother: _____ Father: _____ Joint: _____

Name of Stepfather if applicable: _____

Why do you want your child to attend Cornerstone? _____

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: _____

OTHER CHILDREN IN FAMILY

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

EMERGENCY CONTACT

Name: _____ Relationship to Student: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Home Phone: _____

How did you hear about Cornerstone Christian Academy?

Word of mouth Newspaper Ad Open House Church Other _____

All previous school records will need to be submitted upon acceptance to Cornerstone.

NONDISCRIMINATION STATEMENT

Cornerstone Christian Academy of DeKalb County Inc. (CCA) admits students of any race, sex, national, or ethnic origin. Each student is given all possible rights, privileges, programs, and available activities. CCA 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 and other school-administered programs.

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.

PARENTAL STATEMENT

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.

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 Cornerstone Christian Academy handbooks.

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

My child has permission to take an aspirin-free pain reliever **YES** **NO**

Signature of Father

Date

Signature of Mother

Date

FOR OFFICE USE		
Date Rec'd _____	Application Fee Rec'd _____	Deposit Rec'd _____