



CENTRAL CHRISTIAN ACADEMY WARRIORS

Student Enrollment Application

Student Information

Full Name _____

Social Security Number _____ DOB _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email Address _____

Age _____ Gender _____ Birthplace _____

School Last Attended _____

School Address _____

Last Grade Completed _____

Family Information

Father/Guardian's Name _____

Employment _____ Business Phone _____

Mother/Guardian's Name _____

Employment _____ Business Phone _____

Emergency/Mobile Number _____

Children in Family (see below for instructions*)

Name:	Age:	Check if also enrolling:
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

*(If there is not enough room, you may attach a separate sheet or only list students in the household who are also enrolled in our school)

Religious Information

Church Attending _____

Address _____

Does the student profess to be a Christian and believe in and abide by the Christian faith? Yes / No

Scholastic Information

Has the student ever been suspended or expelled from school? Yes / No

Has the student ever had disciplinary difficulties in school? Yes / No

Does the student have a juvenile record? Yes / No

Has the student failed an academic subject or grade in school? Yes / No

Notification Information

I would like to be notified of school delays and cancellations and other school information or events via text, using the Remind app.

(INCLUDE INSTRUCTIONS FOR DOWNLOADING AND USING THE REMIND APP)

General Information

This application must be filled out completely before it can be processed. A follow-up interview may be required for acceptance into our school. Central Christian Academy does not discriminate against members, applicants, students, or other stakeholders on the basis of race, color, gender, national or ethnic origin.

“I understand that the school has the right to refuse admission to a student who does not agree to abide by the moral code of conduct found in the school handbook.”

“I hereby pledge to pay my financial obligations to the school on the due date and understand that it may be necessary to withdraw my student if proper arrangements are not made on a past due account.”

“I understand that the school reserves the right to dismiss any student who fails to comply with the established codes of conduct.”

Parent/Guardian Signature _____ Date _____

Medical Information

Student Name _____

Family Physician _____

Address _____

Phone Number _____

Insurance Carrier _____ Policy Number _____

Allergies _____

In case of emergency, contact: _____

Phone Number _____

Are the student's immunizations up-to-date? Yes / No

*Please provide an immunization certificate from your physician with this application.

Does this student require prescription medications to be administered during the school day? Yes / No

If so, please provide the doctor's orders and prescription information along with dosage information to the office as well as a minimum of one month's worth of this medication to the front office. You will be required to sign a permission form on the medication log for authorized staff to be able to administer this medication to your student.

Over the counter medications:

If you would like your student to be able to receive over-the-counter medications for ailments such as headaches, coughing, allergies, sick stomach medications, etc. please circle the medications allowed from the list below. Remember a student may be given a generic form of any of these medications. Any medication not listed will not be given to your student. Over the counter medications will be given based on the dosage information provided on the label, no exceptions.

Tylenol (Acetaminophen)

Ibuprofen (Naproxen)

Aspirin

Pepto-Bismol/Emetrol (sick stomach)

Benadryl

Cough Syrup

Others (be specific) _____

If there are any medication allergies or specific medications that your student should not be given for any reason, please list them below:

Parent/Guardian Signature _____ Date _____

Emergency Information Sheet

Student Name _____

Parent/Guardian #1 _____ Phone _____

Parent/Guardian #2 _____ Phone _____

The following people are allowed to pick-up my student during or after school:

Name	Relationship	Phone Number	Driver's License #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact: _____ Phone _____

List siblings who are also enrolled in our school:

Name	Grade	Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Please provide a copy of your student's social security card to the office along with your application.

Parent/Guardian Signature _____ Date _____

Financial Application

General Information

Registration & Book Fees: A one-time \$50 registration fee is required for each enrolling student. This is to be paid in cash or by debit card (requires a 3% card processing fee) upfront, at the time of enrollment, before the application will be processed. Book fees are \$200 per year per student. This will include the rental fee for reusable books and resources, which will be returned at the end of the year, as well as student workbooks and other resources that are unable to be reused each year. This fee covers all subjects for the student for the entire year. Book fees are due by July 31st in order to receive books in time for the start of school. Other school supplies may be necessary, depending on the grade, such as notebooks, paper, pencils, binders, etc.

Tuition Fee Schedule:

# of Children	Annual Fees	Monthly Payment
First Child	\$2,400	\$200/month
Second Child	\$1,800	\$150/month
Third Child	\$1,200	\$100/month
Additional Children	\$0.00	\$0.00/month

*If you choose to pay the full year's tuition fees upfront, you will receive a 15% discount.

*If you choose to pay a full semester's tuition fees upfront, you will receive a 10% discount.

General Financial Application

Student Name _____
Parents/Guardians Name(s) _____
Address _____
Phone Number _____

I understand that monthly tuition fees are due on the ***last school day of the month*** for the following month's tuition. I also understand that these fees will be charged to the debit card on file, along with a 3% processing fee, if tuition fees are more than 5 days late. I agree to the terms of this financial agreement. ***The first payment for each school year will be due the Friday before the first day of school, and the final payment each year will be due on the last school day in April.*** *Cash or debit cards are the only form payment accepted. No credit cards.

Name on Card: _____

Type of Card (circle one): Visa, Mastercard, Other: _____

Card Number: _____

Expiration Date: _____ 3-Digit Security Code (on back of card): _____

Income-Based Tuition

Eligibility Information:

Read the following information, and complete this portion of the application *only* if you are applying for income-based tuition. To qualify for income-based tuition, the annual adjusted gross income (AGI) for a household must fall within the following ranges, for the corresponding discounted rate to be applied.

<u>Household Size</u> <u>(Adults/Children)</u>	<u>Annual Gross Income</u> <u>(50% Discount)</u>	<u>AGI</u> <u>(40%)</u>	<u>AGI</u> <u>(30%)</u>	<u>AGI</u> <u>(20%)</u>	<u>AGI</u> <u>(10%)</u>
2	\$22,000	\$24,200	\$26,400	\$28,600	\$30,800
3	\$28,000	\$30,800	\$33,880	\$36,400	\$39,200
4	\$34,000	\$37,400	\$40,800	\$44,200	\$48,620
5	\$40,000	\$44,000	\$48,400	\$53,240	\$58,564
6	\$46,000	\$50,600	\$55,660	\$61,226	\$67,349
7	\$51,884	\$57,072	\$62,780	\$69,058	\$75,963
8	\$57,762	\$63,538	\$69,892	\$76,881	\$84,569

If your adjusted gross income falls within the income limit ranges shown above for your household size, you qualify for an income-based tuition plan. This means, your student(s) tuition will be charged at the discounted rate listed.

Example

If you have 6 people in your household and you make less than \$46,000 per year (gross annual income) in the household, then you meet the requirements for income-based tuition at a 50% discounted rate. If you enroll 4 students, your tuition fee schedule will look like this:

Student #1	\$100
Student #2	\$75
Student #3	\$50
Student #4	Free

Total Tuition for 4 students in this scenario: \$225.

Typical monthly tuition for a family of 6 with 4 enrolled students: \$450.

Income-Based Tuition Application

Parent/Guardian #1 _____

Annual Adjusted Gross Income _____

Parent/Guardian #2 _____

Annual Adjusted Gross Income _____

*To find your AGI on your tax returns: On a Form 1040EZ, your **AGI** will be on **Line 4**. On a Form 1040A, your **AGI** will be on **Line 21**. On a Form **1040**, your **AGI** will be on **Line 37**.

of People in Household, including parents, children, and any other dependents listed on your previous year's tax returns. _____

Total Annual Adjusted Gross Income for this Household: _____

of People in Household #2 (if applicable) _____

Total Annual Adjusted Gross Income for Household #2 (if applicable): _____

*If parents/guardians live in separate households, then both households must be listed on this application, along with applicable income of both parents/guardians, along with the number of household members in each home.

Required Documentation

If you are applying for income-based tuition, you will be required to submit a copy of your previous year's tax returns, W-2's or 1099's from the previous tax year, and in the case that yours or your spouse's income has changed drastically since then, at least 2 month's worth of pay stubs to prove your recent change in income.

Statement of Accuracy

I, hereby, certify that all the information provided in this application is accurate and true, to the best of my knowledge, and I understand that if false information has been provided, this will be punishable by fine or by other legal measures.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____
(if applicable)

