



STUDENT APPLICATION

School Year: _____

Date of Application _____

SECTION 1: STUDENT INFORMATION

First Name	Middle Name	Last Name
Nickname	Date of Birth	Grade Entering
Soc. Sec. No.	Home Phone	Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	ZIP
Student's First Language	Language Spoken at Home	
Place of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Attending What Church?	Student Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 2: FAMILY INFORMATION

Student lives with: Parents Mother Father Grandparent(s) Guardian

Mother's Full Name	Father's Full Name
Address (if different from above)	Address (if different from above)
Home Phone	Home Phone
Occupation	Occupation
Employer	Employer
Work Phone	Work Phone
Cell Phone/Pager	Cell Phone/Pager
E-Mail Address	E-Mail Address
Your School District	Your School District
Church Membership	Church Membership
Responsible for Payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Responsible for Payment? <input type="checkbox"/> Yes <input type="checkbox"/> No

Siblings	Relationship	Date of Birth	Grade	Attends CAA?
	Brother <input type="checkbox"/> Sister <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Brother <input type="checkbox"/> Sister <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Brother <input type="checkbox"/> Sister <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: EMERGENCY/PICK-UP INFORMATION (other than parent or guardian)

Name	Relationship	Home/Work Phone	Cell Phone
Physician to Notify in Case of Emergency			Tel.
Special Medical Needs/Medications/Allergies			
Transportation To and From School: <input type="checkbox"/> walk <input type="checkbox"/> bicycle <input type="checkbox"/> family car <input type="checkbox"/> car pool			
Where Should Child Go After School?			

SECTION 4: SCHOOL HISTORY

Preschool: <input type="checkbox"/> Home with Parent or Guardian <input type="checkbox"/> Babysitter's Home <input type="checkbox"/> Day Care <input type="checkbox"/> PreK Program			
Grade	School	Address	Bill Owed?
School Transferring From:			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Schools Attended (starting with the most recent):			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: GENERAL STUDENT INFORMATION

Has the Student:	
Had scholastic difficulties in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been retained? If yes, in what grade(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participated in LD or Special Ed classes or undergone special academic and/or psychological testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Taken medication for academic purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had disciplinary difficulty in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been suspended or expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been diagnosed as having emotional difficulties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been diagnosed as having a physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know of any factors that may interfere with your child's learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain or clarify any "Yes" answers	
If your child is being treated for any special medical, emotional, or learning needs, please list the persons(s) responsible for treatment (doctor, psychologist, etc.) and their telephone number.	

SECTION 6: PARENT AGREEMENT

<input type="checkbox"/> I will read the Parent and Student Handbook and agree to support each regulation of the school.			
<input type="checkbox"/> I agree to see that this student's tuition is paid monthly as agreed upon.			
<input type="checkbox"/> I agree to cooperate with the school board and teachers and to be an active participant in the community of learners that supports my child.			
<input type="checkbox"/> I agree that the information included in this document is truthful, and I understand that it is my responsibility to inform Columbus Adventist Academy of any changes in the information provided.			
Signature of Father/Guardian	Date	Signature of Mother/Guardian	Date

Columbus Adventist Academy recruits and admits students of any race, color, or ethnic origin to all its rights, privileges, programs, and activities. In addition, the school will not discriminate on the basis of race, color, or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation. Columbus Adventist Academy will not discriminate on the basis of race, color, or ethnic origin in the hiring of certified or noncertified personnel.