

COVENANT CHRISTIAN MINISTRIES ACADEMY

268 N. Fairground St. ❖ Marietta, GA 30060
(770) 426-4267

Enrollment Application

FOR OFFICE USE ONLY

Date Submitted: _____ Birth Certificate: _____
Student Records: _____ Registration Fee: _____
August Tuition: _____ Sponsorship Fund: _____
Immunization Records: _____ Entrance Test: _____
Admission Acceptance: _____ Photo: _____

PHOTO

Student: Last Name: _____ First Name: _____ M.I.: _____
Address: _____ City: _____ ST: _____ Zip: _____
Telephone Number: () _____ - _____ Date of Birth: ____/____/____ Age: _____
S. S. N.: _____ Place of Birth (City): _____ (State): _____

Student resides with: [] Both Parents [] Father [] Mother [] Guardian

Father's Name: Last: _____ First: _____

Place of Employment: _____ Telephone Number: () _____ - _____

Address: _____ City: _____ ST: _____ Zip: _____

Mother's Name: Last: _____ First: _____

Place of Employment: _____ Telephone Number: () _____ - _____

Address: _____ City: _____ ST: _____ Zip: _____

Person(s) responsible for handling the financial obligation for this school year if different from above:

Name: _____ Telephone: (W)() _____ - _____ (H)() _____ - _____

Address: _____ City: _____ ST: _____ Zip: _____

SPIRITUAL HISTORY

According to Romans 10:9, has the....

Student made a confession of faith in Jesus? [] Yes [] No
Father made a confession of faith in Jesus? [] Yes [] No
Mother made a confession of faith in Jesus? [] Yes [] No

Has your child ever been exposed to teaching on the baptism of the Holy Ghost, with evidence of speaking in tongues? [] Yes [] No

Has your child received the baptism of the Holy Ghost, with evidence of speaking in tongues according to Acts 2:4 and Acts 19:2, 6? [] Yes [] No

Are the parents tithing members of a local church? [] Yes [] No

Church Name: _____ Pastor: _____

SCHOOL INFORMATION:

Grade to enter: _____ Previous School Attended: _____

School Address: _____ City: _____ ST: _____ Zip: _____

Please check the following if your child has:

- | | |
|---|---|
| <input type="checkbox"/> Exhibited learning disabilities | <input type="checkbox"/> Abused drugs, tobacco or alcohol |
| <input type="checkbox"/> Been diagnosed as learning disabled | <input type="checkbox"/> Been expelled from another school |
| <input type="checkbox"/> Had any permanent physical handicaps | <input type="checkbox"/> Been involved in secular music/dancing |
| <input type="checkbox"/> Physical difficulties or is under any medication which we should know about? | <input type="checkbox"/> Been a discipline problem |

Is there any additional information the school needs to be aware of relative to your child's well being or performance?

Name and grades of other children enrolling/enrolled at CCMA:

- | | | | |
|----------------|--------------|----------------|--------------|
| 1. Name: _____ | Grade: _____ | 3. Name: _____ | Grade: _____ |
| 2. Name: _____ | Grade: _____ | 4. Name: _____ | Grade: _____ |

EMERGENCY/MEDICAL INFORMATION

Should an emergency occur and the parents cannot be reached, please contact the following people (local telephone number only):

1. Name: _____ Telephone number:() _____

2. Name: _____ Telephone number:() _____

Name of Student's Physician: _____

Telephone number: () _____

Name of Student's Dentist: _____

Telephone number: () _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Parent Signature: _____ Date: _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency situation; other children in the facility will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Operator Signature: _____ Date: _____

AUTHORIZED PICK-UP PERSON(S)

Person(s) authorized by parent to pick-up student from school:

1. Name: _____ Telephone number:() _____ - _____

2. Name: _____ Telephone number:() _____ - _____

3. Name: _____ Telephone number:() _____ - _____

Parent's Signature: _____ Date: _____

To help us minister effectively to your child, please inform us of any changes to be made on this application during the school year.

Please read entirely and initial each section

FINANCIAL INFORMATION

Registration Fees:

Registration fees reserve the student a place on the class list. Payment of these fees are due when students are enrolled for classes. Registration fees will be refunded only if your child is not accepted.

Initial: _____

Tuition:

Tuition can be paid in full for the year, for a semester or monthly. For discount information please refer to the Tuition Rates and Fees Sheet. Monthly tuition payments are due the first of each month beginning August 1st and ending May 1st. Payments not received by the 10th of the month will be subject to a 10% late fee per student. All checks should be made payable to Covenant Christian Ministries Academy. Parents are expected to mail or bring tuition payments directly to the office. Students are not to handle tuition payments.

Initial: _____

STUDENT ACCEPTANCE

The selection of students will be based upon interviews with the administration and the submission of all fees and forms.

Initial: _____

IMMUNIZATIONS

State laws require that all schools have records of immunization for each student. No student will be accepted or allowed to attend Covenant Christian Ministries Academy until immunization records are complete.

Initial: _____

NOTICE OF NON-DISCRIMINATORY POLICY

Covenant Christian Ministries Academy, as a ministry of Covenant Christian Ministries, admits students of any race, color, national and ethnic origin, to all rights, privileges, programs and activities made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, admission policies, scholarships, and other school programs.

Initial: _____