



# Student Enrollment Form

## Parent or Guardian Information

Relationship:	Relationship:
Name:	Name:
Does this student live with you?	Does this student live with you?
Address:	Address:
Employer:	Employer:
Employer's Phone #:	Employer's Phone #:
Home Church:	Home Church:
Pastor:	Pastor:
Church Phone #:	Church Phone #:

## Student Personal Information

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

Given Name(s): First \_\_\_\_\_ Middle \_\_\_\_\_

Age: \_\_\_\_\_ Sex: (please circle) Male Female

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Previous School: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

Enrolling Grade: \_\_\_\_\_

**Parent or Guardian Information cont.**

**Contact Information**

Cell #:	Cell #:
Work #:	Work #:
Home #:	Home #:
Email:	Email:

**Medical Information**

Date of last Tetanus vaccine:

Date of Chicken Pox or Varicella vaccine:

Please list any medical history, health conditions, or health concerns our staff should be aware of and/or any condition that requires special assistance or monitoring. If there are no health concerns, please indicate "none."

Allergies:

Medication:

Special Conditions:

Name of Child's Physician or Health Clinic:

Physician or Clinic Phone #:

Name of Insurance Carrier:

Health Insurance Policy Number:

**Emergency Contact**

In the event that we are unable to reach the parent(s)/guardian(s) in an emergency, please provide emergency contacts.

1. Relationship:	2. Relationship:
Name:	Name:
Cell #:	Cell #:

**Medical Information cont.**

Home #:

Home #:

Email:

Email:

**Tuition and Fees**

Admission & Assessment Fee: \$50 per student

Deposit: 10% of Tuition

Tuition Plan Desired?

Yes

No

Amount Paid at Enrollment:

**Signature Required**

1. My cooperation is expected in regular tuition payment, practical help, participation in fundraising, and faithful prayer support. All accounts from the previous semester must be paid in full before continuing the second semester or re-enrolling for the next year unless previous arrangements have been made with the administration. Warning letters will be sent prior to the end of the semester.

2. I have read the Student/Parent Handbook and understand the contents. Furthermore, I will openly support them in the presence of my child(ren).

3. The administration has full responsibility for placing my child(ren) in the grade level they deem fit for my child based on diagnostic testing, transcripts and upon working with my child.

4. The school has full discretion in the classroom, on school property and during any school event on or outside of the school property, for the discipline of my child.

5. Attendance at Cross Creek Christian Academy is a privilege and the school reserves the right to not accept any student for any reason based on details outlined in the Student/Parent Handbook or dismiss any student who does not respect its spiritual standards or cooperate in the educational process.

6. I will not allow my child, presently enrolled or transferring to Cross Creek Christian Academy, to utilize classwork (i.e. answer keys, class notes, tests, quizzes, homework, labs, etc.) from this or another school that will undermine their responsibilities academically.

7. Fundraising will be a necessary part of keeping tuition at a minimum. I understand that I am expected to participate in such events.

**Signature Required cont.**

8. My child will participate in scheduled field trips and other school activities. I understand that they will be transported in private vehicles.

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9. I give Cross Creek Christian Academy permission to secure emergency medical and/or emergency surgical treatment for my child if needed.

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10. I understand Cross Creek Christian Academy does not carry medical insurance on its students. Parents are encouraged to consult with their insurance professional to make sure that their child is covered to/from and while at Cross Creek Christian Academy.

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11. I realize my child's photograph may be used in the marketing and promotion of Cross Creek Christian Academy. I may request that CCCA attempt to limit the usage of my student's image, but recognize that depending on their participation in certain school events, it may be accidently/incidentally taken and used by other parents or the school, and accept this possibility.

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12. By signing this enrollment form, I give up my rights to pursue any legal actions or suits for any reason against Cross Creek Christian Academy and Cross Creek Community Church Ministries.

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I hereby declare that I have read and understood the information contained in this Student Enrollment Form and that I am willing to have our child(ren) trained in accordance with the above statements and that all the information I have provided is correct.

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

Guardian's Signature: \_\_\_\_\_

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

Guardian's Signature: \_\_\_\_\_

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

Guardian's Signature: \_\_\_\_\_