



CHRISTIAN
CENTRAL
ACADEMY

QUALITY EDUCATION – CHRISTIAN VALUES

Application for Admission
General Information
(for new students only)

Please print and complete all parts of the application, and return to the CCA Admissions Office **with the \$50 application/testing fee.** (Applications will not be processed without the application fee.) A separate application and fee is required for **each** new student. (PLEASE NOTE: Children applying for KINDERGARTEN must be 5 years old by December.)

STUDENT INFORMATION

STUDENT'S NAME _____ Applying for Admission to **GRADE** _____ To Begin _____
First Middle Last

Student's Date of Birth: ___/___/___ **Sex:** ___male ___female **Birthplace** _____

Has the student previously applied to or attended **CCA**? ___no ___yes When? _____

FAMILY INFORMATION

FATHER'S NAME _____

Father's ADDRESS _____ CITY _____ ZIP _____

Father's PHONE: HOME _____ WORK: _____ BEEPER/CELL: _____ E-Mail _____

Father's OCCUPATION: _____ Employer _____

MOTHER'S NAME _____

Mother's ADDRESS _____ CITY _____ ZIP _____

Mother's PHONE: HOME _____ WORK: _____ BEEPER/CELL: _____ E-Mail _____

Mother's OCCUPATION: _____ Employer _____

STUDENT resides with: Mother & Father Mother only Father only

Father/Step Mother Mother/Step Father Guardian (relationship: _____) _____

STUDENT resides in what school district: _____

TITLE and FULL NAME of parent/guardian party to be addressed for mailing:

Mr. & Mrs. Dr. & Mrs. Mr. and Dr. Rev. & Mrs. Dr. Mrs. Ms. Mr. other title: _____

OTHER CHILDREN in the family:

Name _____ Age _____ Grade _____ School Attending: _____

Name _____ Age _____ Grade _____ School Attending: _____

Name _____ Age _____ Grade _____ School Attending: _____

FEES: Person responsible for all school bills:

Name _____

Address _____ City _____ State _____ Zip _____

FAMILY INFORMATION, continued

FINANCIAL AID: Will you be applying for financial aid? ___no ___yes (If yes, please request a FINANCIAL AID APPLICATION immediately from the Business Office.)

TRANSPORTATION: Have you contacted your school district to arrange transportation? ___no ___yes ___does not apply (CCA will make transportation requests for registered students in the Williamsville and Buffalo districts only. In all other districts, parents must make the requests directly to their district's transportation office.)

CHURCH your family attends: _____ **CLERGY'S NAME:** _____

Address: _____ City _____ Zip _____

Do you volunteer in any capacity at your church? ___no ___yes How? _____

Do you volunteer in any capacity in your community? ___no ___yes How? _____

How did you hear about **Christian Central Academy**? _____

Do you know any **CCA** graduates or current **CCA** families? ___no ___yes If so, whom? _____

PARENTS' PERSPECTIVE

1. Please describe your reasons for applying for admission to **Christian Central Academy**:

2. What character qualities and personality traits in your son or daughter delight you most?

3. What do you believe your son or daughter will contribute to the school community?

4. What would you describe has been the biggest academic and/or extra-curricular or personal challenge for your child?

STUDENT'S ACADEMIC BACKGROUND

(List all schools applicant has attended, including preschools, grades and dates of attendance.)

SCHOOL	ADDRESS	PHONE/FAX	GRADES/AGES	DATES ATTENDED

Has the applicant been in an *Enrichment, Honors, Advanced Placement, or Gifted* program? no yes

In which grade, which school and for what subject area? _____

Does the applicant have any health concerns that require ongoing monitoring/intervention (e.g., allergies, asthma, surgeries, etc.)?

No, Yes. If so, please describe _____

Has the applicant ever:

1. repeated a grade? no yes Which one? _____ Which school? _____

2. skipped a grade? no yes Which one? _____ Which school? _____

3. received resource services or any other kind of in- or out-of-school support services? no yes

Describe: _____

4. been evaluated for problems which might affect academic progress? no yes Describe: _____

If answer to questions 3 and/or 4 is YES, all reports of evaluation(s) (including all IEP reports) are required to be submitted with this application. We will not process any admission application until such reports are received.

5. received outside tutoring? no yes When and for what subject? _____

6. had serious disciplinary difficulty, including suspensions, expulsions? no yes Describe: _____

Describe interests, activities or organizations in school, church, or community in which your student participates or would like to participate: (i.e. music - instrumental &/or vocal, drama, art, debate, athletics, writing, technology/computers, academic &/or sports competition)

REQUEST for RELEASE of TRANSCRIPTS

As Parent/Guardian, I have included with this application the signed "Request for Records to be Released" for each school this student has attended yes no (We cannot process your Application for Admission without the signed request.)

If no, please indicate the date you hand-delivered the Request form to your child's current school. _____

PARENTS' ACKNOWLEDGEMENT of STATEMENT of FAITH

The STATEMENT of FAITH of CHRISTIAN CENTRAL ACADEMY

We Believe:

- ~ the BIBLE to be the inspired, the only infallible, authoritative Word of God.
- ~ there is only one GOD eternally existent in three persons: Father, Son and Holy Spirit.
- ~ in the deity of JESUS CHRIST, in His virgin birth, in His sinless life, in His miracles, in His sacrificial and atoning death, in His bodily resurrection, in His ascension to the right hand of the Father where He is our Mediator and Advocate, and in His personal return in power and glory.
- ~ that the LORD JESUS CHRIST died for our sins according to the Scriptures as a representative and substitutionary sacrifice, and that all who believe in Him are justified on the ground of His shed blood.
- ~ in the exceeding sinfulness of fallen human nature and in the absolute necessity of regeneration by the HOLY SPIRIT for salvation.
- ~ that the HOLY SPIRIT convicts of sin, effects the new birth, gives guidance in life, empowers for service, and enables perseverance in faith and holiness.
- ~ in the resurrection of both the saved and the lost, they who are saved to the resurrection of life and they who are lost into the resurrection of damnation.
- ~ in the spiritual body of CHRIST, the church, of which all true believers are members.

I have read the above and understand that it is The Statement of Faith of CHRISTIAN CENTRAL ACADEMY and that it forms the Biblical/philosophical basis for our educational program.

Parent/Guardian Signature _____ Date _____

APPLICATION FEE and FORMS

Please enclose the required, *non-refundable* application fee of **\$50** per student, made payable to: **Christian Central Academy** and return with these forms* to:

Director of Admissions
CHRISTIAN CENTRAL ACADEMY
39 Academy Street
Williamsville, NY 14221

- *1. Application for Admission
- *2. New Student Questionnaire (grades 6-12)
- *3. Birth Certificate (Kindergarten and home schooled students)

*4. Request for Records to be Released

Be sure to give the teacher recommendation Forms with a stamped envelope addressed to Christian Central Academy to the appropriate teachers.

*"I certify that all the information I have presented in this application is, to the best of my knowledge, true, complete, and accurate, and I further certify that I have not withheld any information available to me that would be pertinent to the enrollment or the class placement of this student in **Christian Central Academy.**"*

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____

CHRISTIAN CENTRAL ACADEMY admits students without regard to race, color, national or ethnic origin, and is non-discriminatory in the administration of all its programs and policies.

OFFICE USE Only: Date received _____ Student Application Fee PAID **\$50** cash check # _____
ENTRANCE Testing/Interview: TRANSCRIPTS Letter to ACCEPT/Decline sent

Date: _____ Time: _____ Name: _____ received: Date: _____ A D