

Community Christian Academy

4706 Park Center Avenue NE, Lacey, WA 98516 360-493-2223

Email: cca@foundationcampus.org Website: www.foundationcampus.org

I-20 New Student Application 4th – 8th Grade

Grade applying for: _____

Planned length of Study: _____

Date: _____

Program Start Date: _____

End Date: _____

Dear Parents of Prospective Students:

Thank you for your interest in Community Christian Academy. Our mission is to assist parents in providing a quality education for their children that is distinctly Christian. To help with the application process, we are providing this checklist so that you can make sure that you complete **ALL** the necessary items.

Step 1

- ◇ Enrollment Form—Signed and filled out on all sides before being processed
- ◇ Registration Fee \$ 400.00 & New Student Application Fee \$ 100.00
(Must accompany application)
- ◇ Copy of Bank Statement showing funds adequate to cover a year of study in America
- ◇ Copy of Passport
- ◇ Official School Transcript (Translated to English)

Upon receipt of Step 1 — Students will receive

- * I-20
- * CCA Admissions Letter
- * Our letter of support for your VISA

Once your student receives their VISA submit the following to CCA

Step 2

- ◇ Proof of Sickness/Accident Insurance \$100,000 policy
- ◇ Washington State Certificate of Immunization Status Form
- ◇ Power of Attorney/Health Information Form
- ◇ Entry Physical
- ◇ Flight Arrival Information

Wire transfer information:

Please contact our Financial Office at 360-493-2223 for further information.

*Registration Fee is **non-refundable**, except in the cases where CCA is unable to accept your child (i.e. space unavailable).*



CCA Mission Statement

To prepare students to impact their world for Christ by:

Equipping

them with sound education, by

Empowering

them with a Biblical Worldview, and by

Inspiring

them through Godly leadership

Student Name: _____
Last First Middle

Student U.S. Address: _____
U.S. ADDRESS House Number and Street Address

City State Zip Code

Student Home Address: _____
(Foreign Address)

City State Zip Code

Student U.S. Home Phone: _____

Date of Birth: _____ Sex: M F

Ethnicity/Race: White Black /African American Hispanic/Latino Asian American Indian/Alaskan Native Pacific Islander/Native Hawaiian

(Please circle — more than one may be circled)

.....
Father : _____ Mother: _____
Father Last Father First Mother Last Mother First

Address: _____ Home Phone: _____

Employer: _____ Email: _____

Work Phone: _____ Cell Phone: _____

.....
Host Father: _____ Host Mother: _____
Last First Last First

Address: _____ Home Phone: _____

Employer: _____ Email: _____

Work Phone: _____ Cell Phone: _____

.....
Parents Marital Status: Married Widowed Separated Divorced Single Remarried
Circle One

List Stepparents if Applicable: _____

Student Lives With: Mom Dad Both Guardian Mail to: Mom Dad Both Guardian
Circle One Circle One

Church Attending: _____ Regular Often Seldom
Circle One

.....
Siblings: _____ Age: _____ School: _____
Name

Siblings: _____ Age: _____ School: _____
Name

.....
To help us serve your child better please complete the following:

* Please list any academic needs and/or learning disabilities or issues we should know about.

* Has your child been involved in any disciplinary actions at school.

 No Yes If yes, please explain: _____

.....
You may use a separate sheet of paper if necessary.

2012-2013 Community Christian Academy

Parent Commitment to:

Academic Standard

I agree to uphold and support the high academic standard of the school by providing a place at home for my child to study and by giving my child encouragement to complete any homework or assignments.

Student Participation

I/We give permission for my child to take part in school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school related activity.

Standard of Conduct

I appreciate and uphold the standards of the school and do not tolerate profanity/obscenity in word or action, dishonor to God and the Word of God, or disrespect to the personnel of the school. I hereby agree to support CCA's Mission Statement, Statement of Faith and all regulations of the school. I authorize this school to employ discipline, as it deems wise and expedient for the training of my child. I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

FINANCIAL RESPONSIBILITY:

I/We hereby pledge to pay all financial obligations to the school on or before the first of each month. I/We understand that:

- ◇ Registration fees are not refundable.
- ◇ Technology fee (for new families) is payable with the 1st tuition payment. This is a one time fee.
- ◇ **Annual tuition payment is due in full prior to August 1, 2012.**
- ◇ If payment is more that 14 (calendar) days late, you will be charged a late fee of \$500.00.
- ◇ There is a \$25.00 fee for returned checks.
- ◇ Field trip fees are due with the tuition payment.
- ◇ LATE PICK UP FEE—I realize when I do not pick up my child by 6:00 pm a late fee will be incurred as detailed in the Parent/Student Handbook.
- ◇ The School lunch program is **prepaid and ordered by the monthly deadline.**

Signature Father/Guardian

Date

Signature Mother/Guardian

Date

Before & After School Care

We will need: Before School Care _____ After School Care _____ Both _____ None _____

_____ Prepaid monthly extended care fee due with the tuition payment on the first of each month.

_____ 40 Hour Block (Purchased in advance.)

_____ Hourly extended care fees will be billed at the end of the month and due upon receipt.

2012-2013 HEALTH INFORMATION

STUDENT NAME _____

Please check any of the following symptoms that have been noted:

Frequent sore throats _____ Tires easily _____ Frequent earaches _____ Frequent stomachaches _____

Frequent headaches _____ Convulsion _____ Poor appetite _____ Frequent nosebleed _____

Frequent urination _____ Frequent sty's _____ Fainting spells _____ Pain in legs or joints _____

Shortness of breath _____

Diseases:

4 or more colds a year _____ German Measles _____ Poliomyelitis _____ Tonsillitis _____

Measles _____ Pneumonia _____ Ear Infections _____ Chicken Pox _____

Diabetes _____ Undulant Fever _____ Mumps _____ Eczema _____

Heart Disease _____ Asthma, Hay Fever _____ Hernia (rupture) _____

Other _____

List any operation, injuries or deformities _____

Most recent examinations:

Physical _____ Physician _____
Date _____

Dental _____ Dentist _____
Date _____

Eye Exam _____ Specialist/Physician _____
Date _____

Has your child ever been around anyone known to have Tuberculosis? _____

Are there any remarks regarding your child's health, mental or emotional development you would like to call to our attention?

Parent Name _____

Printed

Parent Signature

Date

2012-2013 LIMITED POWER OF ATTORNEY FOR EMERGENCY MEDICAL CARE

TO WHOM IT MAY CONCERN:

I _____ (the natural parent or legal guardian)
Print

hereby give permission that my Child, _____
First Middle Last

may be given emergency treatment to include first aid and CPR by a qualified emergency medical or first aid caregiver. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Name _____
Signature Relationship Date

Witness _____ Date _____

Emergency Phone Numbers:

_____	_____	_____	_____
Name	Relationship	Phone Number	Cell Phone
_____	_____	_____	_____
Name	Relationship	Phone Number	Cell Phone
_____	_____	_____	_____
Name	Relationship	Phone Number	Cell Phone

Student Home Address _____
Number and Street City State Zip Code

Home Phone _____ Student's Birth date: _____

Insurance Company _____

Policy/Membership Number _____ Group # _____

Policy Holder Name _____

Employer Name _____ Phone Number _____

Employer Address _____
City State Zip Code

Allergies _____