

CHRIST THE CORNERSTONE ACADEMY

10401 McColl Road • Laurinburg, NC 28352 • (910) 277-7779 Office • (910) 277-8682 Fax • www.christthecornerstone.org

STUDENT APPLICATION

GENERAL INFORMATION

Payment Plan: ___ Full Payment ___ 12 Month (beginning June 1)

Application Type: ___ Sibling ___ New Student School Year: _____

Sex: ___ Male ___ Female

Grade Applying to: _____

OFFICE USE ONLY

Date of Interview: _____

Date: _____ Time: _____ AC

Ck: \$ _____ Ck# _____

BC _____ IMR _____ PIM _____

RC _____ Test _____

Last Name: _____ First: _____

Middle: _____ Preferred Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: (____) _____ - _____ Guardian Email Address: _____

Birth: ___ mo. ___ day ___ yr. Student Social Security Number (last 4 #s): _____

School last attended: _____

Preschool: _____ Days a week attended: _____

EMERGENCY MEDICAL INFORMATION

Name of Emergency Contact: _____ Phone #: _____ Cell: _____

Contact's Relation to you: (___)Relative-Relationship: _____ (___)Friend (___)Guardian (___)Other: _____

Applicant's Doctor: _____ Doctor's Phone: _____ Hospital Preference: _____

Applicant's Dentist: _____ Dentist's Phone: _____

PARENT/GUARDIAN AND FAMILY INFORMATION

Marital Status: (___)Married (___)Widower (___)Separated (___)Divorced (___)Remarried

Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer's Name: _____

Title: _____ Occupation: _____

Business Phone: _____ Cell: _____

Work Email: _____

Years in High School: _____ Years in College: _____

Lives with student (Y/N) ___ Receives Mail (Y/N) ___ Receives Bill (Y/N) ___

Marital Status: (___)Married (___)Widower (___)Separated (___)Divorced (___)Remarried

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer's Name: _____

Title: _____ Occupation: _____

Business Phone: _____ Cell: _____

Work Email: _____

Years in High School: _____ Years in College: _____

Lives with student (Y/N) ___ Receives Mail (Y/N) ___ Receives Bill (Y/N) ___

If parents are separated or divorced, who has legal custody? _____ In the event of sole primary custody, the school requires copies of the custodial legal documents to be provided at the time of application.

Paternal Grandparents

Grandparent(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Maternal Grandparents

Grandparent(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

List names, ages, grades, and schools attending of all school-aged children in your family:

1. _____ Age: _____ Grade: _____ School: _____
2. _____ Age: _____ Grade: _____ School: _____
3. _____ Age: _____ Grade: _____ School: _____
4. _____ Age: _____ Grade: _____ School: _____

STATEMENT OF FAITH

Church currently attending: _____

Parent's Statement of Christian Faith:

Have you accepted Christ as your Savior and do you live your life according to Biblical standards?

FATHER-- Yes No Unsure (please circle one)

MOTHER-- Yes No Unsure (please circle one)

STUDENT-- Yes No Unsure (please circle one)

How often does each member attend? Regular (3-4 Sundays per month) Occasionally (once or twice per month) Rarely (4 times per year)

Father: Regular Occasionally Rarely **Mother:** Regular Occasionally Rarely

Student: Regular Occasionally Rarely

Why would you like your child(ren) to attend Christ The Cornerstone Academy? _____

FAMILY INFORMATION

To be completed by a parent:

1. How did you hear about CTCA? _____
2. Considering the goals for your student, why would you like your student(s) to attend CTCA? _____

3. Has the student ever been referred to a resource teacher? If yes, please provide date and reason for referral. _____

4. Has the student ever had modifications made in the classroom? _____

5. Has the student ever been administered psychological, behavioral, or academic testing to determine if he/she is gifted, has a learning disability, ADD, ADHD, behavioral, neurological, sensory, or emotional disorder?
____If yes, please provide dates, test results, evaluations IEP reports, etc. This information is not routinely part of the cumulative folders and must be requested by the parent/guardian from the resource teacher or school counselor.

6. Is the student presently taking any medication for medical or learning problems? _____ *If yes, please provide kind of medication, dosage, and frequency. Please provide a copy of a medical evaluation, which must be written within the last twelve months.*

7. Does your student have any health problems? _____

8. Does your child have normal or corrected vision? _____ Does your child have normal hearing? _____

9. Has your student ever been recommended for tutoring or remedial instruction? _____ *If yes, please provide dates and areas of remediation along with written evaluations.* _____

10. Has your child ever repeated a grade? _____ If yes, describe which grade and why. _____

11. Has your student ever been suspended or dismissed from school? _____ If yes, please explain. _____

12. Is there any additional information that Christ the Cornerstone Academy should be aware of when considering this student for enrollment? _____

13. What activities or responsibilities are you and your student(s) involved in at your church? _____

14. Please describe prayer time and Bible study in your home.

15. Please give a brief statement summarizing your beliefs as it relates to:

Jesus Christ _____

The Bible _____

We certify that the above answers are true and are made with no reservations:

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

I understand that the Application cannot be processed if all information is not complete.

Parent's Signature **Date:** _____