

CORNERSTONE CHRISTIAN ACADEMY

Student Information Form

(Please submit one form per child.)

Date of Application _____

Name _____ Referred Name _____
Last First Middle

Date of Birth _____ Sex _____ Age _____ Place of Birth _____

Social Security Number _____ Is this student a U.S. citizen _____

Name of church student attends _____

Check one: Weekly ___ Monthly ___ On Special Occasions ___

Address of Church _____

Name of Pastor _____

What church services and meetings does this STUDENT regularly attend? _____

Please give a statement as to your child's personal experience and faith in Jesus Christ. If your child has not yet made that decision, please note.

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Describe your child's opinion of him or herself. Include strengths of that view and describe those areas where we could be of help. _____

Has your child, to your knowledge, been involved with alcohol, drugs, tobacco, cheating, staling, or sexual immorality? _____

Has your child ever receiver counseling or testing for behavioral, emotional, discipline, or learning problems? Yes ___ No ___ If yes, please describe: _____

Are there any unusual factors in the child's life? (Absence of father or mother, in-laws or grandparents in home, unusual accidents or serious illness, etc.) _____

School History

School Name Address Telephone# Grades Attended

Please give full details to any "yes" answer below or on a separate sheet of paper, including the principal's name, date of incident, address of the school, and grade at which incident occurred.

Why are you leaving your present school? _____

How does your child feel about going to school? _____

Has your child ever repeated or skipped a grade? Yes__ No__ If yes, please explain: _____

Has your child ever been suspended or expelled from any school? Yes__ No__
If yes, please explain and provide the name of the school and principal: _____

Has your child ever receiver detention? Yes__ No If yes, please explain: _____

Has your ever been enrolled or recommended for any of the following special classes?

Gifted__ Learning Disability__ Speech Therapy__ Physically Handicapped__ Other__

CCA admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or make available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, scholarship or loan programs, athletic or other school administered programs.

Emergency and Medical Information

Student's Full Name _____

Student's Date of Birth _____

Does your child have any allergies or other health conditions?

Yes__ No__

If yes, please describe: _____

Does your child have any physical handicaps or other conditions which might affect his or her school work, including physical education?

Yes__ No__

If yes, please describe: _____

Does your child have any evidence of hearing or vision difficulties?

Yes__ No__

If yes, please describe: _____

If yes, please name the medications and the reason for them: _____

Will these be administered during school hours? _____

Who is your child's physician? _____

Insurance Carrier: _____

Policy Number: _____

In case of emergency, please provide the following information:

Emergency Contact #1 _____

Relation: _____

Phone: _____

Emergency Contact #2 _____

Relation _____

Phone: _____

Is there any other information you feel we need to know that may be relevant to your child's learning capabilities? _____

Request for Records

To be submitted to your child's school. Records will be mailed to:

Cornerstone Christian Academy
P.O. Box 129
Tillar, AR 71670

Former School

Date

Address

Name of Student

Date of Birth

Grade in which student is currently enrolled or has most recently completed _____

Please release the following information on my child, _____

to Cornerstone Christian Academy:

1. General Cumulative Folder Data, including Standardized Test Data
2. Previous teachers' recommendations
3. Medical Records
4. If handicapped, Specialized Test Data

The purpose of this release is to provide Cornerstone Christian Academy with up-to-date information for instructional planning and will be used for that purpose only. My signature below authorizes you to send the above requested records and documents to Cornerstone Christian Academy.

Parent/Guardian Signature

Date