

APPLICATION FOR ADMISSION

2010-2011



841 NORTH PRESTON ROAD › P.O. BOX 389 › CELINA, TX 75009
MAIN: 972-382-2930 / FAX: 972-382-4055
WWW.CELINACHRISTIAN.ORG

Office Use Only:	<input type="checkbox"/> Application Received	Date: _____		
	<input type="checkbox"/> Application Fee	Amt: \$ _____	Date Paid: _____	Check #: _____
	<input type="checkbox"/> Testing	Date: _____	Time: _____	Check #: _____
	<input type="checkbox"/> Family Interview	Date: _____	Time: _____	<input type="checkbox"/> Accepted <input type="checkbox"/> N/A
	<input type="checkbox"/> Curriculum Fee	Amt: \$ _____	Date Paid: _____	Check #: _____
	<input type="checkbox"/> Technology Fee	Amt: \$ _____	Date Paid: _____	Check #: _____

Child's Name: _____ **Class:** _____

PROCEDURE FOR ADMISSION 2010-2011

APPLICATION: A completed application includes the following:

- Parent Statement of Faith:** A brief personal testimony of your salvation and relationship with the LORD.
- Previous School Records:** Copies of these records should include all educational and diagnostic testing, and report cards for the last two years. *(A Records Release may be found in the application packet.)*
- Birth Certificate:** A copy of the applicant's birth certificate must be attached.
- Recommendation Forms:** These forms are to be submitted to the appropriate teachers and principal and mailed directly to our office.
- Pastoral Referral:** Any pastor from your church may complete this recommendation form and mail it directly to our office.
- Field Trip Permission & Medical Authorization form.**
- Child Pick-Up Authorization form.**
- Health Requirements & Immunizations:** A completed **Health History/Requirements Form** must be submitted with the application. Health records may be copied or transferred from the previous school. Upon acceptance, a student entering our school for the first time must submit an up-to-date immunization record. *(Student will be allowed to enter school when the proper health records are on file.)*
- Application Fee:** An application fee in the amount of \$300.00 is due at the time the application is submitted and is non-refundable.
- Testing Fee:** A testing fee in the amount of \$150.00 is due at the time the application is submitted and is non-refundable.

The **Application for Admission** is to be completed in its entirety for each student seeking admission to **CELINA CHRISTIAN ACADEMY**. It should be submitted in person or mailed to **CCA**, together with the required documents as outlined in this **Procedure for Admission**.

TESTING

The office will schedule testing upon receipt of the completed application as outlined above.

FAMILY INTERVIEW

An interview appointment will be made with the parents once testing is scheduled. This is an opportunity to interview for philosophical compatibility, answer any questions, and assess whether our program meets you and your child(ren) needs. The testing results will also be reviewed during the interview.

ACCEPTANCE

A Contract of Enrollment will be issued during the Family Interview to convey acceptance to CCA. The Curriculum Fee and Technology Fee will be collected at this time. Non-acceptance of the applicant will be communicated to you in writing.

FORMS & FEES REQUIRED UPON ACCEPTANCE

- Contract of Enrollment**
- Curriculum Fee and Technology Fee**
- Handbook Agreement** form signed by both parents and student.

PAYMENT OF TUITION & FEES

Curriculum Fee:	K-Developmental \$250.00 Kindergarten \$275.00 First Grade \$325.00 Second Grade \$350.00	Third Grade \$350.00 Fourth Grade \$375.00 Fifth Grade \$375.00 Sixth Grade \$400.00
Technology Fee:	\$75.00 due upon acceptance.	
Tuition:	\$5,060 annual tuition for K-Developmental . \$5,566 annual tuition for Kindergarten through 6th Grades .	

NOTE: Monthly tuition payments begin **August 1** and are paid in **ten** equal monthly installments, or tuition may be paid in full.

STUDENT INFORMATION

Student's full name: _____
(last) (first) (middle)

Preferred name: _____ Male Female Birthdate: ____ / ____ / ____

Present grade: _____ Applying for grade: _____ For school year: _____ - _____

Address: _____
(street) (city) (state) (zip)

Phone: (____) _____ - _____ Social Security Number: _____ - _____ - _____

Ethnicity: African-American American Indian/Eskimo Asian Caucasian Hispanic Middle Eastern
 Other _____

T-Shirt Size (please circle): YS (4-6) YM (8-10) YL (10-12) YXL (14-16) AS AM AL

FAMILY INFORMATION

Please Note: Parent's names, address, home phone number, and e-mail address will appear in our school directory.

Father's Information

Name: _____
Home Address: _____
City _____ State ____ Zip _____
Employer: _____
Occupation: _____
Work address: _____
City _____ State ____ Zip _____
Home phone _____
Work phone: _____
Cell phone: _____
Email: _____
Driver's License No. _____
State _____
Interests and/or Talents: _____

Mother's Information

Name: _____
Home Address: _____
City: _____ State ____ Zip _____
Employer: _____
Occupation: _____
Work address: _____
City _____ State ____ Zip _____
Home phone _____
Work phone _____
Cell phone _____
Email _____
Driver's License No. _____
State _____
Interests and/or Talents: _____

Full name of parent(s) or guardian(s) with whom child is living: _____

Are both parents living? Yes No Married Separated Divorced Remarried

If student's parents are divorced, which parent has legal/financial responsibility? Please provide **CELINA CHRISTIAN ACADEMY** with a copy of the legal visitation schedule _____

OTHER CHILDREN IN FAMILY

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

CHURCH AFFILIATION & CURRENT PARTICIPATION

Church family attends: _____

Pastor's Name: _____

Does your family attend regularly? Yes No Members? Yes No

NOTE: Please attach a written Statement of Faith and the Pastoral Referral to this application.

SCHOLASTIC INFORMATION

Current school attending: _____ Type of school: _____

Grades attended: _____ Principal/Head of School: _____

Address of School: _____

Telephone: _____ Is student able to return? Yes No

Reason for leaving: _____

INFORMATION SOURCE

How did you hear about **CELINA CHRISTIAN ACADEMY**?

- Website Newspaper FBC Newsletter Magazine Mailout
 Friend Sign Other: _____

NON-DISCRIMANATORY POLICY

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

ANNUAL FUND

The Annual fund is a yearly tax-deductible gift to **CELINA CHRISTIAN ACADEMY**. Your gift to the Annual Fund will provide additional financial resources to improve and expand the overall programs of **CELINA CHRISTIAN ACADEMY**. Families and individuals are asked to make their tax-deductible contribution by November 1, 2010, so funds may be applied in the current school year. Your gift to the Annual Fund is very important, and every family is encouraged to give as it has been given unto you. By checking below, you pledge to make your tax-deductible contribution by November 1, 2010.

- Yes, I pledge to make a gift to the Annual Fund by November 1, 2010.
 No, I am unable to contribute to the Annual Fund at this time.

Signature of Parent / Legal Guardian

Date

PARENT STATEMENT

As the Parents or Guardians of the applicant named herein, we state that, upon acceptance of our child to **CCA**, we will pledge ourselves to work with **CCA** Staff, Administration, and Faculty to the betterment of our child, and to assist and cooperate with **CCA** in the Christian education of our child. We understand that the receipt of this application does not guarantee any admission as said admission is subject not only to space available but also to the **CCA** policies, procedures, and guidelines. We further understand and acknowledge that continued enrollment of our child, if admitted to **CCA**, shall be subject to the payment of all fees and charges as set forth on the schedule of fees, and our child's compliance with the code of conduct and policies established by **CCA**, as well as acceptable academic achievement.

Signature of Father / Legal Guardian

Date

Signature of Mother / Legal Guardian

Date