

CCA'S SCHOOL DAY IS 7:40 TO 3:10. HOWEVER, CHILDREN MAY BE DROPPED OFF AS EARLY AS 7:00 AND STAY AS LATE AS 5:30.

Carolina Christian Academy

STUDENT APPLICATION

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

Accredited By



1850 Kershaw Camden Highway
Lancaster, South Carolina 29720
Phone: 803-285-5565; Fax: 803-285-0036
www.carolinachristian.org

Dr. Huey A. Mills, Administrator
hmills@carolinachristian.org

**There are dozens of reasons to choose CCA.
One is the *peace of mind* parents have knowing that CCA is
one of the top schools on the IOWA among SCACS schools.**

ADMISSION POLICIES

1. Carolina Christian Academy admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. Carolina Christian Academy does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic or other school administered programs.
2. For K5 and first grade, a child must be of age before September 2nd.
3. For grades 7 - 12, a student must be active in an evangelical church and receive the recommendation of a pastor.
4. Exceptional needs students will be evaluated on an individual basis.

PROCEDURE FOR ADMISSION

1. Secure, complete, and submit an application. This may be handled by mail.
2. In grades 7-12, secure and have a home church pastor complete a pastor's recommendation. This is available online.
3. Pay registration fee. This must be paid before application can be considered and should accompany application.
4. A parent or guardian will be notified if the student is accepted.
5. If the application is declined, registration fee will be refunded.

GRADES 2 - 12 PLACEMENT

Students in grades 1 - 12 must score grade level on a nationally standardized test to be admitted to the next higher grade. Students who did not take a nationally standardized test will be given a placement test. The cost is \$35.00.

CCA will secure the records of transferring students. Parents should be aware that it may take two or three weeks to get these records and have them evaluated.

ENROLLMENT INFORMATION

Student's Name _____ Gender _____ Birthday: _____
Preschool (birth – age 2) Nursery _____; Age 1 _____; Age 2 _____
Preschool hours needed: 7 a.m. to 4 p.m. _____; 7 a.m. to 5:30 p.m. _____
Kindergarten (ages 3-5) K-3 _____; K-4 _____; K-5 _____
Kindergarten hours needed: 7:40 a.m. to 12:30 p.m. _____; 7:40 a.m. to 3:10 p.m. _____
Additional hours needed: Before school care: 7:00 a.m. _____; After school care up to 5:30 p.m. _____
Grades 1-12: Applying for grade: _____ Last School Attended: _____ Grade _____
School's Address: _____ Phone #: _____

Complete the following only if applying to transfer during school year.

Reason for transfer: Family relocation _____; Grades _____; Environment _____; Christian Education _____; Safety _____;
Problems at present school _____ Explain _____;
(CCA does not admit students during the year that have been suspended, expelled or have a pending disciplinary matter.)

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CCA has been recognized as the #1 school in the nation for
leadership development by the Nehemiah Institute.**

FAMILY INFORMATION

Father: _____ Does child live with father? _____
Address: _____ City _____ State _____ Zip _____

Employer & Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

Mother: _____ Does child live with mother? _____

Address: _____ City _____ State _____ Zip _____

Employer & Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

Guardian: _____ Does child live with guardian? _____

Address: _____ City _____ State _____ Zip _____

Employer & Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

DOES FAMILY ATTEND CHURCH REGULARLY? NO _____; YES _____.

If yes, Church Name: _____

Pastor's Name: _____ Phone: _____

Pastor's Address: _____

EMERGENCY TREATMENT RELEASE FORM

In case of accident or serious illness, the school will attempt to contact a parent or guardian. If the school is unable to reach a parent or guardian, the school is hereby authorized to call the physician indicated below and to follow his instructions. If no physician is listed or if it is impossible to contact this physician, the school is authorized to make whatever arrangements seem necessary.

List of medications student is allergic to: _____

Give any medical information that may be needed: _____

Physician's Name: _____ Phone: _____

Physician's Address: _____

List two neighbors or nearby relatives who will assume temporary care of your child, if you cannot be reached.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

PARENT SURVEY

How did you first learn about CCA? 1) _____ People; 2) _____ Saw School; 3) _____ Website; 4) _____ Facebook;
Other: _____

AFTER READING 1 - 11 BELOW, **CHECK THE TWO** THAT INFLUENCED YOU THE MOST TO APPLY.

1) _____ Recommendation of a friend; 2) _____ Tour of school; 3) _____ School's reputation;

4) _____ Desire for quality education; 5) _____ Athletics; 6) _____ School's fine arts;

7) _____ Desire for good environment; 8) _____ Desire for Christian education; 9) _____ Discipline policies;

10) Other: _____

In your own words, tell us what you want CCA to do for you and your child: _____

AGREEMENT

In submitting this application, I agree to the following. Please initial each number after reading it.

- ____ 1. I will provide the school with copies of my child's immunization records and birth certificate within ten days of submitting this application or before the opening day of school, whichever comes first.
- ____ 2. I give my child permission to take part in all school activities, including P.E., sports, and field trips. It is understood that those persons in charge will take all reasonable caution to prevent injuries, but I agree neither those in charge nor the school shall be held responsible in case of accident or other sickness connected with participation. If a dispute over this agreement or any claim for damages arises, the student and his parents or guardians agree to resolve this matter solely through a mutually acceptable arbitration process.
- ____ 3. I understand that *student accident insurance* covers travel on school related trips, P.E., athletic practice and competition, the school day, and all other school-related activities. I understand that this insurance covers every penny of a school-related accident but that it *is secondary insurance – meaning it will pay remaining balance after parents' insurance has paid. If parents have no insurance it pays bill in full.*
- ____ 4. I agree that registration and matriculation fees are non-refundable and that I will owe tuition for the weeks of attendance as per the terms on the Financial Information Sheet.

SIGNATURES

Father: _____ Date: _____
Mother: _____ Date: _____
Guardian: _____ Date: _____
Guardian: _____ Date: _____

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One is the *peace of mind* parents have knowing the safety
of CCA's secure buildings, door alarms, security camera, etc.**

Do Not Write Inside This Box - For Office Use Only

Date received: _____ Application fee paid \$ _____ ; Application accepted: _____ ; Date Acceptance Sent: _____ ;
Records requested: _____ Other: _____