

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](http://www.carolinachristian.org)

Dr. Huey A. Mills, Administrator  
[hmills@carolinachristian.org](mailto:hmills@carolinachristian.org)

## 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 2<sup>nd</sup>.
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: \_\_\_\_\_

Applying for: Nursery \_\_\_\_\_; Age 1 \_\_\_\_\_; Age 2 \_\_\_\_\_; Pre-K/Age 3 \_\_\_\_\_; K4/Age 4 \_\_\_\_\_; K5/Age5 \_\_\_\_\_; G1 \_\_\_\_\_; G2 \_\_\_\_\_; G3 \_\_\_\_\_; G4 \_\_\_\_\_; G5 \_\_\_\_\_; G6 \_\_\_\_\_; G7 \_\_\_\_\_; G8 \_\_\_\_\_; G9 \_\_\_\_\_; G10 \_\_\_\_\_; G11 \_\_\_\_\_; G12 \_\_\_\_\_.

Hours needed for Birth – Age 2: 7 a.m. to 4 p.m. \_\_\_\_\_ or 7 a.m. to 5:30 p.m. \_\_\_\_\_.

Hours needed for ages 3, 4, and 5: 7:40 a.m. to 12:30 p.m. \_\_\_\_\_ or 7:40 a.m. to 3:10 p.m. \_\_\_\_\_.

Additional hours needed for 3, 4, or 5. Drop off at 7:00 a.m. \_\_\_\_\_; After school care up to 5:30 p.m. \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Grade \_\_\_\_\_ School phone #: \_\_\_\_\_

School's Address: \_\_\_\_\_

### **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.)

## 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: \_\_\_\_\_

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## 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: \_\_\_\_\_

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## PARENT SURVEY

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

AFTER READING 1 – 10 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: \_\_\_\_\_

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## 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.

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## SIGNATURES

Father: \_\_\_\_\_ Date: \_\_\_\_\_

Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Do Not Write Inside This Box - For Office Use Only

Date received: \_\_\_\_\_ Application fee paid \$ \_\_\_\_\_; Application accepted: \_\_\_\_\_; Date Acceptance Sent: \_\_\_\_\_;

Records requested: \_\_\_\_\_ Other: \_\_\_\_\_