

COVENANT CHRISTIAN MINISTRIES ACADEMY

**268 N. Fairground St. □ Marietta, GA 30060
(770) 426-4267**

Enrollment Application

FOR OFFICE USE ONLY

Date Submitted: _____
Student Records: _____
August Tuition: _____
Immunization Records: _____
Admission Acceptance: _____

Birth Certificate: _____
Registration Fee: _____
Sponsorship Fund: _____
Entrance Test: _____
Photo: _____

PHOTO

Student: Last Name: _____ **First Name:** _____ **M.I.:** _____
Address: _____ **City:** _____ **ST:** _____ **Zip:** _____
Telephone Number:() _____ - _____ **Date of Birth:** ____ / ____ / ____ **Age:** _____
S. S. N.: _____ **Place of Birth (City):** _____ **(State):** _____

Student resides with: [] Both Parents [] Father [] Mother [] Guardian

Father's Name: Last: _____ **First:** _____
Place of Employment: _____ **Telephone Number:** () _____ - _____
Address: _____ **City:** _____ **ST:** _____ **Zip:** _____
Email address: _____

Mother's Name: Last: _____ **First:** _____
Place of Employment: _____ **Telephone Number:** () _____ - _____
Address: _____ **City:** _____ **ST:** _____ **Zip:** _____
Email address: _____

Person(s) responsible for handling the financial obligation for this school year if different from above:

Name: _____ **Telephone:(W)() _____ - _____(H)() _____ - _____**
Address: _____ **City:** _____ **ST:** _____ **Zip:** _____

SPIRITUAL HISTORY

According to Romans 10:9, has the...

Student made a confession of faith in Jesus? [] Yes [] No
Father made a confession of faith in Jesus? [] Yes [] No
Mother made a confession of faith in Jesus? [] Yes [] No

Has your child ever been exposed to teaching on the baptism of the Holy Ghost, with evidence of speaking in tongues? [] Yes [] No

Has your child received the baptism of the Holy Ghost, with evidence of speaking in tongues according to Acts 2:4 and Acts 19:2, 6? [] Yes [] No

Are the parents tithing members of a local church? [] Yes [] No

Church Name: _____ Pastor: _____

SCHOOL INFORMATION:

Grade to enter: _____ Previous School Attended: _____

School Address: _____ City: _____ ST: _____ Zip: _____

Please check the following if your child has:

[] Exhibited learning disabilities [] Abused drugs, tobacco or alcohol
[] Been diagnosed as learning disabled [] Been expelled from another school
[] Had any permanent physical handicaps [] Been involved in secular music/dancing
[] Physical difficulties or is under any medication which we should know about? [] Been a discipline problem

Is there any additional information the school needs to be aware of relative to your child's well being or performance? _____

Does your child have any food or other type of allergies? _____ Yes _____ No

Please list any/all allergies: _____

Name and grades of other children enrolling/enrolled at CCMA:

1. Name: _____ Grade: _____ 3. Name: _____ Grade: _____
2. Name: _____ Grade: _____ 4. Name: _____ Grade: _____

EMERGENCY/MEDICAL INFORMATION

Should an emergency occur and the parents cannot be reached, please contact the following people (local telephone number only):

1. Name: _____ Telephone number:() _____
2. Name: _____ Telephone number:() _____

Name of Student's Physician: _____
Telephone number: () _____
Name of Student's Dentist: _____
Telephone number: () _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Parent Signature: _____ Date: _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency situation; other children in the facility will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Operator Signature: _____ Date: _____

AUTHORIZED PICK-UP PERSON(S)

Person(s) authorized by parent to pick-up student from school:

1. Name: _____ Telephone number:() _____ - _____
2. Name: _____ Telephone number:() _____ - _____
3. Name: _____ Telephone number:() _____ - _____

Parent's Signature: _____ Date: _____

To help us minister effectively to your child, please inform us of any changes to be made on this application during the school year.

Please read entirely and initial each section

FINANCIAL INFORMATION

Registration Fees:

Registration fees reserve the student a place on the class list. Payment of these fees are due when students are enrolled for classes. **This fee is non-refundable and non-transferrable.** If denied acceptance, 50% of the fee will be refunded. Initial: _____

Tuition:

Tuition can be paid in full for the year, for a semester or monthly. Monthly tuition payments are due the first of each month beginning June 1st and ending March 1st. Payments not received by the 3rd of the month will be subject to a 20% late fee per student. All checks should be made payable to Covenant Christian Ministries Academy. Parents are expected to mail or bring tuition payments directly to the office. **Students are not to handle tuition payments.** Initial: _____

STUDENT ACCEPTANCE

The selection of students will be based upon interviews with the administration and the submission of all fees and forms. Initial: _____

IMMUNIZATIONS

State laws require that all schools have records of immunization for each student. No student will be accepted or allowed to attend Covenant Christian Ministries Academy until immunization records are complete. Initial: _____

NOTICE OF NON-DISCRIMINATORY POLICY

Covenant Christian Ministries Academy, as a ministry of Covenant Christian Ministries, admits students of any race, color, national and ethnic origin, to all rights, privileges, programs and activities made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, admission policies, scholarships, and other school programs. Initial: _____