

# CHRIST THE CORNERSTONE ACADEMY

10401 McColl Road • Laurinburg, NC 28352 • (910) 501-8090 Office • (910) 277-8682 Fax • www.christthecornerstone.org

## STUDENT APPLICATION for Enrollment

### GENERAL INFORMATION

Payment Plan: \_\_\_ Full Payment \_\_\_ 12 Month (beginning June 1) School Year: \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female Applying to Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Middle: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Guardian Email Address: \_\_\_\_\_

Birth: \_\_\_\_ mo. \_\_\_\_ day \_\_\_\_ yr. Student Social Security Number (last 4 #s): \_\_\_\_\_

IEP/Special Accommodations Needed: (please circle) YES NO Siblings attending CTCA? YES NO

### EMERGENCY MEDICAL INFORMATION

Name of Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

Contact's Relation to you: (\_\_\_)Relative-Relationship: \_\_\_\_\_ (\_\_\_)Friend (\_\_\_)Guardian (\_\_\_)Other: \_\_\_\_\_

Applicant's Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Applicant's Dentist: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

### PARENT/GUARDIAN AND FAMILY INFORMATION

Marital Status: (\_\_\_)Married (\_\_\_)Widower (\_\_\_)Separated (\_\_\_)Divorced (\_\_\_)Remarried

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Email: \_\_\_\_\_

Years in High School: \_\_\_\_\_ Years in College: \_\_\_\_\_

Lives with student (Y/N) \_\_\_ Receives Mail (Y/N) \_\_\_

Receives Bill (Y/N) \_\_\_

Marital Status: (\_\_\_)Married (\_\_\_)Widower (\_\_\_)Separated (\_\_\_)Divorced (\_\_\_)Remarried

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Email: \_\_\_\_\_

Years in High School: \_\_\_\_\_ Years in College: \_\_\_\_\_

Lives with student (Y/N) \_\_\_ Receives Mail (Y/N) \_\_\_

Receives Bill (Y/N) \_\_\_

#### Paternal Grandparents

Grandparent(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Maternal Grandparents

Grandparent(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### List individuals to whom your child is permitted to be dismissed.

- Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

### STATEMENT OF FAITH

Church currently attending: \_\_\_\_\_

#### Statement of Christian Faith:

Have you accepted Christ as your Savior and do you live your life according to Biblical standards?

FATHER--	Yes	No	Unsure (please circle one)	ATTENDS CHURCH REGULARLY:	Yes	No
MOTHER--	Yes	No	Unsure (please circle one)	ATTENDS CHURCH REGULARLY:	Yes	No
STUDENT--	Yes	No	Unsure (please circle one)	ATTENDS CHURCH REGULARLY:	Yes	No

**To be completed by a parent:**

1. How did you hear about Christ the Cornerstone Academy?

\_\_\_\_\_

2. Why would you like your student(s) to attend Christ the Cornerstone Academy?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has the student ever been referred to a resource teacher? If yes, please provide the date and reason for referral.

\_\_\_\_\_  
\_\_\_\_\_

4. Has the student ever had modifications made in the regular classroom? If yes, please list modifications provided.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Has the student ever been administered psychological, behavioral, or academic testing to determine if he/she is gifted, has a learning disability, ADD, ADHD, behavioral, neurological, sensory, or emotional disorder?

*\_\_\_\_\_ If yes, please provide dates, test results, evaluations IEP reports, etc. This information is not routinely part of the cumulative folders and must be requested by the parent/guardian from the resource teacher or school counselor.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is the student presently taking any medication for medical or learning problems? \_\_\_\_\_ *If yes, please provide the type of medication, dosage, and frequency. Please provide a copy of a medical evaluation, written within the last twelve months.*

\_\_\_\_\_

7. Does your student have any health problems?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Does your child have normal or corrected vision? \_\_\_\_\_ Does your child have normal hearing? \_\_\_\_\_

\_\_\_\_\_

9. Has your student ever been recommended for tutoring or remedial instruction? \_\_\_\_\_ *If yes, please provide dates and areas of remediation along with written evaluations.*

\_\_\_\_\_  
\_\_\_\_\_

10. Has your child ever repeated a grade? \_\_\_\_\_ If yes, describe which grade and for what reason.

\_\_\_\_\_  
\_\_\_\_\_

11. Has your student ever been suspended or dismissed from school? \_\_\_\_\_ If yes, please explain .

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Is there any additional information of which Christ the Cornerstone Academy should be aware when considering this student for enrollment?

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\_\_\_\_\_

13. Please describe how you and your child are involved in the ministry of your church?

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14. Please describe prayer time and Bible study in your home.

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15. Please give a brief statement summarizing your beliefs as it relates to:

Jesus Christ

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The Bible

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**I understand that this application cannot be processed if all information is not complete.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_