



Connection Pointe Christian Academy

888 East-West Connector S.W. • Austell, GA 30106 • 770-803-6475
Teresa Sigman, Director

New Student Application

All information must be completed prior to submission of the application.

Student Information

Student's Legal Name _____ for school year 20___/20___
Last First Middle

Applying for grade: K 1st 2nd 3rd 4th 5th 6th 7th 8th

Student's Social Security Number _____ - _____ - _____

Student's Birth Date ____/____/____ Sex: M F Race _____
Month Day Year

Student's Permanent Address _____

City/State/Zip _____ Phone: _____ Phone: _____

Family Information

Natural Father Stepfather

Other _____

Name _____

Birth Date _____

Address _____

Email Address _____

Home Phone _____

Mobile Phone _____

Business Phone _____

Business Name _____

Occupation _____

Social Security Number _____

Natural Mother Stepmother

Other _____

Name _____

Birth Date _____

Address _____

Email Address _____

Home Phone _____

Mobile Phone _____

Business Phone _____

Business Name _____

Occupation _____

Social Security Number _____

Parent's Marital Status _____

Number of Children in Family _____

If parents are divorced, separated, or not legal guardians, please answer the following:

Who has legal custody of the student? _____

Student lives with _____

Natural Father _____
Name Address city/state/zip

Natural Mother _____
Name Address city/state/zip

Is either parent forbidden by court order from having access to the student or his/her records?

(If so, written documentation is required before enrollment)

Family Information (continued)

If there are other children in your family, please complete the following:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

List any particular talents or interests you would be willing to share with the school:

Father/Guardian _____

Mother/Guardian _____

If the student's grandparents would like to receive invitations, newsletters, or other information from CPCA, please complete:

Name/address _____

Name/address _____

Academic Information

Please list the schools previously attended (including CPCA if enrollment interrupted):

<u>School</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Dates</u>	<u>Grades completed</u>

Describe the student's interests, abilities and talents _____

Has the student:

Yes No

- Been retained in any grade(s)? If yes, which grade(s)? _____
- Been placed in a learning disability class? If yes, which subjects? _____
- Been placed in an honors program? If yes, which subjects? _____
- Used alcohol _____ tobacco _____ marijuana _____ narcotics _____
- Been suspended _____ Expelled _____ Asked to withdraw _____ If yes to any of these, please provide full particulars on a separate sheet, including name of principal and name, address, and phone of school.

Why is the student moving from his/her present school? _____

Why have you selected CPCA for your child's education? _____

How did you learn of CPCA? _____

- Church Friend/family Newspaper Radio Magazine Other _____

Emergency Contact Information

Please list emergency contacts in the event parents/guardians cannot be reached:

Is this person authorized to pick-up your child from school?

_____ Name	_____ Relationship To Student	_____ Address	_____ Phone Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Name	_____ Relationship to Student	_____ Address	_____ Phone Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Name	_____ Relationship to Student	_____ Address	_____ Phone Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Name	_____ Relationship to Student	_____ Address	_____ Phone Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Name	_____ Relationship to Student	_____ Address	_____ Phone Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If not indicated above, list those you authorize to pick-up your child from school:

_____ Name	_____ Address	_____ Phone Number	_____ Relationship to Student
_____ Name	_____ Address	_____ Phone Number	_____ Relationship to Student
_____ Name	_____ Address	_____ Phone Number	_____ Relationship to Student
_____ Name	_____ Address	_____ Phone Number	_____ Relationship to Student

Health Information

Does the student have any physical disability or condition which might affect his/her school work, including physical education? Yes No If Yes, please describe: _____

Does the student have vision or hearing difficulties? _____

Please list any allergies the student has _____

Spiritual Information

CPCA strongly encourages the parents of our students to be (1) a professing Christian and (2) express that profession through active membership in a local church. Please complete the following:

	Christian	Other	Church Attendance			Active	Regular Bible
			weekly+	occasional	infrequent	Prayer Life	Reading
Father/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Full Name of Church _____

Address _____

Pastor's Name _____ Phone _____

Financial Information

Payment Plan: Annual Semi-Annual Monthly

Person(s) responsible for tuition, fees and other charges:

Name _____

Address _____

City/State/Zip _____ Phone _____

Connection Pointe Christian Academy Mission Statement

“It is the goal of Connection Pointe Christian Academy to provide a Christ-centered education of high academic quality so that the students are prepared to take an active place in the home, the church, the state, and in their future vocations by applying Christian principles in a biblical manner that is glorifying to God.”

Connection Pointe Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities made available to students of the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, or any other school-administered programs.

Parent/Legal Guardian Statement

In making this application for my child to attend Connection Pointe Christian Academy:

- I agree to support the spiritual, moral, dress, and disciplinary standards of the school as outlined in the Student Handbook.
- I have read CPCA's Mission Statement and desire to have this type of education for my child.
- I am willing for my child to receive training in the historic doctrines of the Church, and support the school in its endeavor to encourage and guide my child in applying those doctrines to life.

If my student is accepted:

- I agree to assume the responsibility for my student's education by supervising homework and keeping in regular contact with my student's teachers.
- I agree to support CPCA, to the best of my ability, through attendance and participation in various school activities.
- I agree to support, to the best of my ability, the school's entire program through prayer, time, and financial gifts. I understand that the school depends upon gifts above and beyond the tuition and thus conducts community fundraising, and that the school expects participation by all parents.
- Further, in the event my child becomes ill or is injured while under school supervision, I approve the school authorities to take the following steps:
 1. Contact a parent of the student and follow his/her instructions.
 2. Contact the student's physician and follow his/her instructions, in the event neither parent can be reached.
 3. Use their own discretion in contacting a properly licensed physician and following his/her instructions, in the event neither the parents nor the student's physician can be reached.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied and I cannot be reached, I hereby authorize, appoint, and empower the Director or his/her designee to furnish on my behalf such written or oral authorization as may be so required. Further, I release Connection Pointe Christian Academy and Connection Pointe Church of God from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

- I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises and I absolve Connection Pointe Christian Academy and Connection Pointe Church of God from liability to me or my child because of any injury to my child at school or during any school activity.
- I understand that this application cannot be considered without the application fee and that, if my student is accepted, I agree to the payment and/or refund policies as listed in the school's fee schedule and tuition policy.
- I understand that, if I voluntarily withdraw my student or my student is dismissed once classes have begun, I am responsible to pay the full tuition to the end of the semester according to the schedule in the current tuition policy. Records cannot be forwarded to another school until all financial obligations have been satisfied.
- I understand that Connection Pointe Christian Academy reserves the right to refuse any application, or dismiss any student, at any time, for unacceptable work or conduct, or any other reason it deems necessary. Neither this application nor payment of fees is considered binding upon Connection Pointe Christian Academy.
- If legal action is required to collect tuition, I, the undersigned, will be responsible to pay reasonable attorney's fees.

My signature below indicates that I have read, understand, and agree with the above.

Father's/Guardian's Signature

Date

Mother's/Guardian's Signature

Date

(Both Parents/Guardians Must Sign This Application)

Connection Pointe Christian Academy Doctrinal Statement

We Believe:

- ✝ In the verbal inspiration of the Bible.
- ✝ In one God eternally existing in three persons: namely, the Father, Son, and Holy Spirit.
- ✝ That Jesus Christ is the only begotten Son of the Father, conceived of the Holy Spirit, and born of the Virgin Mary. That Jesus was crucified, buried, and raised from the dead. That He ascended to heaven and is today at the right hand of the Father as the Intercessor.
- ✝ That all have sinned and come short of the glory of God, and that repentance is commanded of God for all and necessary for forgiveness of sins.
- ✝ That justification, regeneration, and the new birth are wrought by faith in the blood of Jesus Christ.
- ✝ In sanctification subsequent to the new birth, through faith in the blood of Christ; through the Word; and by the Holy Spirit.
- ✝ Holiness to be God's standard of living for His people.
- ✝ In the baptism with the Holy Spirit subsequent to a clean heart.
- ✝ In speaking with other tongues as the Spirit gives utterance and that it is the initial evidence of the baptism of the Holy Spirit.
- ✝ In water baptism by immersion, and all who repent should be baptized in the name of the Father, and of the Son, and of the Holy Spirit.
- ✝ Divine healing is provided for all in the atonement.
- ✝ In the Lord's Supper and washing of the saints' feet.
- ✝ In the pre-millennial second coming of Jesus. First, to resurrect the righteous dead and to catch away the living saints to Him in the air. Second, to reign on the earth a thousand years.
- ✝ In the bodily resurrection; eternal life for the righteous; and eternal punishment for the wicked.

In view of the above, Connection Pointe Christian Academy admits students of parents who manifest the desire to have their child educated both morally and intellectually in the light of the Bible with Jesus Christ as the center of all truth.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____