

**Christian Family Academy**  
**Application for Admission for 2025-2026**  
4643 County Home Road, Conover      1409 NC-16, Conover  
Phone: (828) 256-8474      Phone: (828) 468-5974

Nondiscriminatory Policy: Christian Family Academy does not discriminate on the basis of race, color, sex, national and ethnic origin in administration of its admissions policies, educational policies, scholarship and loan programs, and athletic or any other school-administered programs.

- 1. A non-refundable registration fee and Parent Statement of Agreement *must* accompany this application.**
- 2. Final enrollment will not be made until all application requirements have been completed.**  
(I.e. Application, Registration Fee, Transcripts, Entrance Testing [if necessary], and Interview)

**Student Information**

Last Name: _____				First Name: _____		Middle Name: _____		Preferred Name: _____	
Street Address: _____				Home Phone: _____					
City: _____		State: _____		Zip Code: _____		Ethnicity: _____			
Social Security No. _____			Birthday: _____		Age: _____	Sex: _____	Grade Applying For: _____		
Name of School attended last year: _____						Phone Number _____			
Address of School: _____				City: _____		State: _____		Zip: _____	

**Family Information**

Father's or legal Guardian's Last Name: _____				Title ( <i>Dr., Rev., Mr.</i> ): _____		First Name: _____			
Street Address: _____				Home Phone: _____		Cell Phone: _____			
City: _____		State: _____		Zip Code: _____		E-mail: _____			
Place of Employment: _____				Work Phone: _____		Ext.: _____			
Legal Relationship to Student: _____						Lives with Student (Y/N): _____			
Mother's or Legal Guardian's Last Name: _____				Title ( <i>Dr., Ms., Mrs.</i> ): _____		First Name: _____			
Street Address: _____				Home Phone: _____		Cell Phone: _____			
City: _____		State: _____		Zip Code: _____		E-mail: _____			
Place of Employment: _____				Work Phone: _____		Ext.: _____			
Legal Relationship to Student: _____						Lives with Student (Y/N): _____			

**FOR OFFICE USE ONLY:**

Date application and registration fee received \_\_\_\_\_ Amount: \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_  
Received by \_\_\_\_\_ Interview \_\_\_\_\_ Testing \_\_\_\_\_ Records Requested \_\_\_\_\_ Records Rec'd \_\_\_\_\_ Immunizations Complete Y / N

## Church Information

Please give the specific name of the church you and your child attend: \_\_\_\_\_

Church Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Denomination: \_\_\_\_\_ Are you a Member? \_\_\_\_\_ Do You Attend Regularly? \_\_\_\_\_

Pastor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

## Confidential

To the best of your ability answer the following questions. Check the appropriate box:

- YES     NO    Are you a Christian? Please give a brief testimony of your faith in Christ.
- YES     NO    Has the applicant accepted Jesus Christ as Savior and Lord?
- YES     NO    Does the applicant desire to attend Christian Family Academy?
- YES     NO    Does the applicant have any significant physical, mental, or emotional impairment?
- YES     NO    Has the applicant ever been seen by a school counselor, therapist, psychiatrist, or a psychologist or been treated for any nervous, mental, or emotional disorder?
- YES     NO    Does the applicant have any known or suspected learning disabilities? (example: Dyslexia, Perceptual Disorders (written, visual, auditory, speaking), Attention Deficit and/or Attention Deficit Hyperactive Disorder (ADD, ADHD) or any behavioral issues.)
- YES     NO    Has the applicant ever used drugs, alcoholic beverages or tobacco?
- YES     NO    Has the applicant ever been expelled, dropped, or suspended by any school?

**On a separate sheet of paper:** Please give a brief explanation of any of the above questions that are answered **yes**.

By signing this application, I certify that I agree with the mission and purpose of Christian Family Academy. I hereby confirm that I have read, understand and agree with the Parent Statement of Agreement/Commitment. I agree to abide by the policies and procedures of the Academy, and I agree to pay on time any tuition and fees due the Academy.

YES     NO    I give permission to allow my child's picture to be on the school website and social media.

\_\_\_\_\_  
*Father's or Legal Guardian's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Mother's or Legal Guardian's Signature*

\_\_\_\_\_  
*Date*