

Christian Family Academy
Application for Admission for 2024-2025
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.**
(One half of this fee is refunded if the applicant is not accepted)
- 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: _____	
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.

YES NO I have more than one child applying for admissions and would like to apply for the Multiple Child Scholarship.

Father's or Legal Guardian's Signature

Date

Mother's or Legal Guardian's Signature

Date