

CHICAGO CHRISTIAN ACADEMY
STUDENT ADMISSION APPLICATION FOR FALL / SPRING 2011 – 2012
RETURNING PARENTS

Child's Name: _____ Enrolling Grade _____
Last First

Parent/Guardian Name: _____ Teacher _____

Has address changed? No Yes If yes, please list new address:

City State Zip

Home Phone: _____ Emergency Phone: _____

Email Address: _____

Has health information or condition changed? No Yes If yes, please explain: _____

** By signing this application, I fully understand, agree to abide by and follow ALL of the policies, procedures and regulations of CHICAGO CHRISTIAN ACADEMY for the school year 2011-2012 (Church Attendance, Financial/Fees, Discipline, Admission and Academic). I also acknowledge that the information provided is true.*

Name of person completing this application: _____ Relationship to Child _____

Signature: _____ Date: _____

CHILD RELEASE/EMERGENCY CONTACTS

1. _____
Name of Person Phone Relationship

Last 4 Digits of Driver's License or State ID #/ State Issued

2. _____
Name of Person Phone Relationship

Last 4 Digits of Driver's License or State ID #/ State Issued

3. _____
Name of Person Phone Relationship

Last 4 Digits of Driver's License or State ID #/ State Issued

4. _____
Name of Person Phone Relationship

Last 4 Digits of Driver's License or State ID #/ State Issued

5. _____
Name of Person Phone Relationship

Last 4 Digits of Driver's License or State ID #/ State Issued

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Printed Name of person completing this application: _____

Signature: _____ Date: _____

For Chicago Christian Academy Office Use Only

Teacher Name: _____ Grade: _____ Official Enrollment Date: _____
Interview Date: _____ Test Date: _____ Administered by: _____ Score: _____
Financial Meeting Date: _____ Application reviewed by: _____ Date: _____