



Clinton Christian Academy

2008-2009

2008-2009 Application Packet

- Please return the completed 2 page Admissions Application and the 1 page Immunization Form to the school.
- Please deliver the completed 1 page Request for School Records Form to the student's last school.
- The student AND parents should thoroughly read and understand the separate school handbook available as a pdf file on the school Enrollment Information webpage. One parent must complete and return the 2 page Parent/Guardian Agreement to the school which is included in the handbook file.

*271 West Division
Clinton, MO 64735
(660) 890-2111*

www.clintonacademy.org



ADMISSIONS APPLICATION

Clinton Christian Academy
271 West Division
Clinton, MO 64735
660-890-2111

Application Date _____ Grade to Enter _____ School Year _____

Student's Name _____ Boy ___ Girl ___ Age _____

Student's Address _____ Date of Birth _____

Phone Number _____ Listed ___ Unlisted ___ Social Security No. _____

Father/Guardian

Mother/Guardian

Full Name _____

Mr. ___ Dr. ___ Other _____

Home Address _____

Mrs. ___ Ms. ___ Dr. ___ Other _____

Employer _____

Work Address _____

Work Phone _____

Lives With:

___ Parents Married

___ Father Remarried

___ Guardian

___ Divorced

___ Lives with Father

___ Mother Deceased

___ Separated

___ Mother Remarried

___ Father Deceased

___ Single Parent

___ Lives with Mother

Stepparent(s) _____

Employer _____

Work Phone _____

Church Affiliation

Does the family have a church affiliation? ___ Yes ___ No

If so which Church? _____ Phone _____

Pastor's Name _____

Father/Guardian: Attend Church ___ Yes ___ No

Mother/Guardian: Attend Church ___ Yes ___ No

Academic Information

School last attended _____ Grade _____

Has the student repeated any grade? _____ Why? _____

Has student ever been disciplined beyond ordinary classroom situation? _____. If so, please explain _____

Has student been expelled or suspended from school? _____. If so, state reason _____

Has student ever been in trouble with the law or ever used illegal substances? _____

Please describe the student's attitude toward school _____

Authorization and Medical Records

Please list who may pick up your child and/or make medical decisions for them. List them in the order you would like them to be called (including parents).

Name	Relationship	Phone #

Is your child receiving medical treatment at present? _____ If so, what kind? _____

Physician's Name _____ Phone _____

Is there anything special you wish to bring to our attention? _____

Objective for Pursuing Christian Education

Why do you want your child to attend CCA? _____

How did you hear about CCA and become interested? _____

Enrolling Parent's Signature _____ Date _____

STUDENT IMMUNIZATION FORM

Student _____

Please give the month, day and year of all doses of each vaccine.

Diphtheria, Tetanus, and Pertussis (DTP)

#1 _____
#2 _____
#3 _____
#4 _____
#5 _____

Oral/Injectable POLIO

#1 _____
#2 _____
#3 _____
#4 _____

Td Booster (recommended between 11 and 12 years old)

#1 _____

MMR

#1 _____
#2 _____

Hepatitis B

#1 _____
#2 _____
#3 _____

H. Influenzae (Hib)

#1 _____
#2 _____
#3 _____
#4 _____

Pneumococcal (PCV) – optional

#1 _____
#2 _____
#3 _____
#4 _____

Varicella (optimal)

#1 _____

Hepatitis A (optional)

#1 _____
#2 _____

OTHER: Please list any immunizations received that are not listed above.

REQUEST FOR SCHOOL RECORDS

Clinton Christian Academy
271 West Division
Clinton, MO 64735
Phone: (660) 890-2111
Fax: (660) 885-2191

TO: School's Name _____
Street _____
City, State, Zip _____
Phone _____

Student's Name _____ Birthdate _____

Dear Principal:

The above named student has submitted an application for transferring to our school. In order for us to process his/her application please forward the following information:

- Transcript showing recent courses taken and grades
- Achievement test results
- Mental ability test results
- Any other pertinent information that we may use for guidance
- Health records

Please direct this information to:

Clinton Christian Academy
271 West Division
Clinton, MO 64735
