

ADMISSIONS APPLICATION

Clinton Christian Academy
271 West Division Road
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 Number _____

E-Mail Address _____

Father/Guardian

Mother/Guardian

Full Name _____

Home Address _____

Cell # _____

Employer _____

Work Address _____

Work Phone _____

Lives With: Parents Married Father Remarried Guardian Divorced
 Lives with Father Lives with Mother Mother Remarried
 Separated Single Parent Mother Deceased Father Deceased

Stepparent(s) _____

Employer _____

Work Phone _____

Guardian Note Explanation: _____

Would you like to be added for emails? Yes ___ No ___ May we add your information to the CCA Directory? Yes ___ No ___

Church Affiliation

Does the family have a church affiliation? Yes_____ No_____

If so, which Church?_____ 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 the student ever been disciplined beyond ordinary classroom situation?_____. If so, please explain_____.

Has the student been expelled or suspended from school?_____ If so, please explain_____.

Has the 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_____