

ADMISSIONS APPLICATION



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

Application Date _____ Grade to Enter _____ School Year _____

Student's Full Legal Name _____ Boy ___ Girl ___ Age _____

Student's Address _____ Date of Birth _____

City _____ State _____ Zip _____

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 ___

PLEASE ALSO COMPLETE THE INFORMATION ON THE BACK OF THIS PAGE

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 _____