

APPLICATION FOR ADMISSIONS

Section 1		Section 2		Section 🕄		Section ④		Section 6		Section 6		
Applicant		School/Church				Additional		Family		Acknowledgment		
1	Information Information		nation	Ŭ Ŭ		nformation		Information		and Waiver		
1										8		
1	Applicant's Legal Last Nam	Middle		Las	t		Preferred Name	2		Sex		
	Applicant's Legal Last Name (as it appears on birth certificate) First Middle Last Preferred Name											
	admission to Grade/Age: Desired start date											
Home Address of Applicant City									Zip			
	Home Phone Birth Date Place of Birth Citizenship											
	Family Heritage:											
	(For statistical reporting purpos		ative 🗆 Black/	African American 🛛 Asian/P	acific Isle	American Inc	dian	□ Other:				
2												
	Present Grade	F	Present School					Phone				
	Address											
	Previous School Attended		Address				Dates Att	ended	Phon	e		
Previous School Attended Address Dates Attended Dates Attended							Phone Phone					
	Previous School Attended		Address				Dates Attended			Phone		
	Previous School Attended Address Church Name Membership/Partnership Status					Dates Attended			Phone			
					itus		Pastor's N	lame	Phon	۵		
				Wentbership/Furthership Ste			1 43(0) 3 1	unic	Thom			
	Church Address:											
	Not part of a chu											
	Please provide referral											
3	Has the applica	nt ever beer	tested for lea	arning disabilities? (e.	g., ADH	ID, dyslexia	, etc.)	🗆 YES 🗆	NO			
	If "Yes" and an LE P	(Individual Edu	ucation Program)	is available inlease provide	e a conv	lf no I F P is a	wailahle	nlease indicate	test results	and atta	ch a conv o	fanv
	If "Yes" and an I.E.P. (Individual Education Program) is available, please provide a copy. If no I.E.P. is available, please indicate test results and attach a copy of any documentation you may have.								i uny			
	Check the following	g health concer	ns if applicable (0	Complete information is re-	quired or	n the Emergen	cy Inforr	nation form du	ing registrat	ion):		
	🗆 Asthma 🛛 🗆 Be	ee Sting Allergy	Diabetes	🗆 Epilepsy 🛛 🗆 Heart	Conditio	on 🗆 Life-1	Threater	ning Food Aller	y (requiring	an EpiPe	en®)	
	What prompted you	u to contact Co	mnass Christian A	Academy? (Check all that apply)								
(4)	Current school o				🗆 Open H	louse						
	- Attended on Adm	issions Inform	ation Night.		— Frie	a d (b a ma).						
	Attended an Admissions Information Night: Friend (whom): Other: Other: Please briefly tell us your long-term educational goals for your child.											

6	Father's Full Name				Primary Phone: 🗆 Cell 🗆 Home			Secondary Phone: 🗆 Work 🗆 Home		
	Same as Applicant		Primary Prione: Cell	Home	Secon	ndary Phone: 🗆 Work 🗆 Home				
	Home Address									
	Email	Employer					Occupation			
	Title	Employer Address								
	Education (Schools, Degrees, or Vocational Training)									
	Mother's Full Name			Primary Phone: 🗆 Cell 🗆 Home			Secondary Phone: 🗆 Work 🗆 Home			
	□ Same as Applicant									
	Home Address									
	Email	Employer					Occupation			
	Title			Employer Address						
	Education (Schools, Degrees, or Vocational Training)									
								Applying for or attending MCS?		
	Name Birth Date		Schoo		I	Grade		Applying Attending Previously Attended No		
					I	Grade		□ Applying □ Attending □ Previously Attended □ No		
			School			Grade		Applying Attending Previously Attended No		
-	IF APPLICANT DOES NOT LIVE WITH BOTH NATURAL PARENTS, PLEASE COMPLETE THE FOLLOWING SECTION									
Parents are: Description Married Description Divorced										
	Mother Deceased Father Mother Remarried Father I	Who h	has legal custody? Applicant is			NOT to be released to: (Court Order must be attached)				
				who has regar custouy: Applicant				,		
	Stepfather's / Legal Guardian's Full Name			Primary Phone: Cell Home				Secondary Phone: 🗆 Work 🗆 Home		
	□ Same as Applicant									
	Home Address									
	Email	Employer					Occupation			
	Title Employer Address									
	Education (Schools, Degrees, or Vocational Training)									
	Stepmother's/Legal Guardian's Full Name				Primary Phone: Cell Home			Secondary Phone: 🗆 Work 🗆 Home		
	□ Same as Applicant									
	Home Address									
	Email					Occu	Occupation			
	Title			ddress						
	Education (Schools, Degrees, or Vocational Training)									

Notice of	Nondiscriminatory	y Policy as to	o Students

Compass Christian Academy admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of it's educational policies, scholarship and loan programs, and athletic and other school administered programs.

Our signatures certify the accuracy and completeness of the information provided. We understand that any misrepresentation may be cause for denial or cancellation of admission or enrollment.

SIGNATURE OF FATHER

6

DATE

SIGNATURE OF MOTHER

DATE

SIGNATURE OF GUARDIAN

DATE

RELATIONSHIP TO APPLICANT