



Cornerstone Christian Academy Family Registration Form

Registering for the school year of: _____ to _____	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Returning Family	Today's Date: ____ / ____ / ____
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Parental Information	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
If divorced, do both parents have legal custody of the child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No (Submit all legal documents of the custody to the school.)	
Father's Full Name:	Mother's Full Name:
Father's Email Address:	Mother's Email Address:
Home Phone:	Home Phone:
Father's Cell:	Mother's Cell:
Father's Occupation:	Mother's Occupation:
Name of Business:	Name of Business:
Business Phone:	Business Phone:
Home Address: _____	
Mailing Address: _____ <i>(If different than home address)</i>	
Name of Emergency Contact: _____ <i>(Other than parent/guardian)</i>	Relationship: _____
Emergency Contact Address: _____	Phone Number: _____
Name of Church: _____ City: _____ Pastor's Name: _____	

Student Information (Print legal name(s) clearly. If a child is younger than kindergarten, list grade level as PK.)							
Student's Name			Gender	Age	Birth Date	Place of Birth	Grade Level
Last	First	MI					
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Name of previous school: _____ Public Private Home Schooled

Please turn over and complete other side of form

In order to better meet the needs of your child(ren) as well as the needs of this school, please answer the following questions (If you marked "yes" to any of the questions below, please provide an explanations in the area provided. Use an additional sheet of paper if necessary.)

Educational History			
Have/Has/Does your child(ren)	Yes	No	Explanation
ever repeated a grade?			
ever been evaluated and/or diagnosed as having a special learning need?			
ever received special education services?			<input type="checkbox"/> RSP <input type="checkbox"/> SDC <input type="checkbox"/> speech <input type="checkbox"/> hearing <input type="checkbox"/> vision
currently have and IEP (Individual Education Plan) from a school?			
any emotional/social challenges that CCA should be made aware?			
appear to be functioning below grade level in one or more subject areas?			
ever been suspended or expelled from school?			
been investigated by CPS (Child Protective Services)?			

Cornerstone Christian Academy School/Parental Agreement (Responses will be kept confidential)

By checking the boxes below:

- I/We affirm that I/we have never been convicted of child molestation, abuse, assault, lewdness, or sex offenses of any nature.
- I/We authorize CCA to publish pictures of my/our child(ren) in school publications, electronically, or to the public media, for promotional purposes.
- I/We understand that if home-schooling outside the state of California, I/we may be required to fulfill our state's laws and regulations concerning home-schooling. It is my/our responsibility to familiarize myself/ourselves with these laws and abide by them. I/We release and hold CCA harmless from any and all responsibility in this matter.
- I/We agree to submit (online, mail, or electronically) all record keeping forms (attendance, course of study/description, report cards, etc.) when due. Additionally, I/we will attend to the best of our ability, either locally or electronically, all mandatory parent/teacher meetings.
- I/We have read CCA's statement of faith as well as the contents of the CCA Parent/Teacher Handbook.

My/Our signature below indicates my/our agreement with the above statements as well as my/our willingness to abide by all CCA's policies and procedures. Both parent's signatures are required unless separated/divorced.

_____	_____/_____/_____
Father's Signature	Date
_____	_____/_____/_____
Mother's Signature	Date

Please check the appropriate box:

- I/We are current HSLDA members. Membership #: _____ Expires: ____/____/_____
- I/We have applied for membership with HSLDA. Date Applied: _____ (When you receive your membership number, contact the school ASAP.)

NOTE: Although provisional membership may be granted, this application does not express permanent membership on the part of CCA until:

1. This application has been approved by the school board
2. Your membership with HSLDA has been confirmed.
3. The high school academic advisor/administrator has been seen (if child(ren) is/are 9-12 grade)
4. Note: If any portion of this application is misleading or has been falsified, membership with CCA may/can be denied and/or terminated.

<p>Please make all checks payable to Cornerstone Christian Academy & mail to:</p> <p>Cornerstone Christian Academy 22603 El Centro Rd. Apple Valley, California 92307 School Ph. # (760) 240-4408 Fax Ph. # (760) 240-4408 email: academy_cornerstonechristian@yahoo.com website: www.ccahighdesert.org</p>	<p>Office Use Only: <input type="checkbox"/> Fellowship <input type="checkbox"/> Record Keeping</p> <p>Total: _____ Date: _____</p> <p><input type="checkbox"/> Discount <input type="checkbox"/> Relief Balance: _____</p>
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