



2600 Marriottsville Road · Marriottsville, MD 21104

Phone: (410) 442-5888 · Fax: (410) 442-2516

Web Site: <http://www.chapelgateacademy.org>

Dear Parents of Prospective Students,

Thank you for choosing Chapelgate Christian Academy for your student! It is my honor to serve your family throughout the application and admissions process at CCA.

At Chapelgate we do not have a deadline for submitting your student's application for admission. However, to maximize the opportunity for acceptance and avoid being put on a "Waiting List" when classes are already filled, we recommend that you begin the process in the fall for the following school year. Applying for admission to Chapelgate Christian Academy requires:

- ❖ Parents or guardians to complete and submit all required application forms and supporting documents with the \$ 250 registration fee to my attention at the Academy's Admissions Office.
- ❖ Student applicants to participate in Chapelgate's admissions testing. An Admissions Testing Reservation Request form is included in the application packet so that families can choose a testing date that works best for their schedule.
- ❖ Both parents and prospective students to participate in an interview with the Headmaster.

In order to finalize the admissions process parents must select a payment plan and notify the Business Office of the plan they have chosen. When the admissions process has been completed by July 1, families are offered the opportunity to spread out tuition payments over ten months -- from July through April. When families complete the admissions process after July 1 there will be fewer monthly payments at a larger amount per month with final payments due in April.

After you have reviewed the enclosed application materials, please feel free to contact me with any questions that you may have. I can be reached at 410-442-5888, ext. 122 or by e-mail at lcassell@chapelgateacademy.org.

We are looking forward to welcoming you to the Chapelgate Christian Academy community.

Blessings!

Sincerely,

Linda Cassell

Linda Cassell
Director of Enrollment

Enclosure: Application Packet

DISCOVER KNOWLEDGE · IGNITE PASSION · NURTURE FAITH

APPLICATION CHECKLIST

Please provide all requested information on each form. Applicants cannot be accepted until all items are completed. Acceptance is contingent upon information received in the student's permanent records from a previous school.

A. Submit this checklist with all items 1 – 15 to the attention of Mrs. Cassell at CCA:

- ___ 1. **Completed Checklist accompanied by Required Registration Fee (\$250 Per Student)**
Check # _____ Received by: _____ Date: _____
- ___ 2. **Student Information Form**
- ___ 3. **Family Information Form**
- ___ 4. **Statement of Faith**
- ___ 5. **Parental Statement**
- ___ 6. **Request for Records** (Return completed form with application; do NOT send to current school)
- ___ 7. **Admissions Testing Reservation Request** (Testing date confirmations will be emailed to families.)
- ___ 8. **Placement Surveys: (a) Math Form _____ (b) Foreign Language Form _____**
- ___ 9. **Internet & Newspaper Permission Form:**
- ___ 10. **Maryland Department of Health and Mental Hygiene Immunization Certificate (Form 896)**
- ___ 11. **A copy of the Applicant Student's Birth Certificate**
- ___ 12. **A copy of latest report card: 1st Qtr. ___ 2nd Qtr. ___ 3rd Qtr. ___ 4th Qtr. ___**
Name of Current School: _____
- ___ 13. **MIAA Eligibility Verification Form** – Required for ALL applicants for Grades 10-12.
- ___ 14. **Pastor's Recommendation** (Give this form to your pastor. It is to be returned directly to CCA from the pastor; the completed form may be faxed from the pastor to 410-442-2516)
Name of Current Church Home: _____
- ___ 15. **Teacher Recommendations: _____ English Teacher _____ Math Teacher**

B. After completed application documents have been reviewed, CCA staff will schedule an admissions interview appointment with Mr. Van Ness, CCA Headmaster. The presence of both parents and the student at the interview is required, except with prior approval in the case of unusual circumstances.

Student accepted? Yes No _____

Administrative Signature _____ Interview Date _____

T.N. Scores: Reading ___ %ile Language ___ %ile Math ___ %ile Math Comp ___ %ile Writing _____
Grades: Rdg./Eng. _____ Math _____ Lang. _____ Sci. _____ Soc. St. _____

Probation? _____ Accommodations Requested? _____ Documentation Provided? _____
IEP? _____ 504 Plan? _____ MAG Program? _____ Days/Wk.? _____

Name: _____

Grade: _____

School Year: _____

STUDENT INFORMATION

Chapelgate Christian Academy (CCA) admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. CCA does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, financial aid program, athletics, or other school-administered programs.

Please type or print neatly when completing this form.

Date of Application: _____ Applying for Admission to _____th Grade

Name: _____

(Last)

(First)

(Middle)

(Nickname)

Date of Birth: _____ Birthplace: _____

(Month/Day/Year)

(City, State)

Present Address:

(City)

(State)

(Zip)

Home Phone: _____ Student's Cell Phone: _____

Student's email address: _____

Male: _____ Female: _____ County in which student resides: _____

Last school attended: _____

Grade in progress: _____th Any grades repeated? _____

IEP in the past? _____ IEP at present? _____ 504 Plan in the past? _____ 504 at present? _____

Has any educational or psychological testing ever been administered to the student in addition to testing routinely administered to all students? _____ If yes, briefly describe the purpose of the test and the results: _____

_____ Have any educational accommodations ever been provided to the student? _____ Please list any accommodations you are expecting CCA to provide your student (If accommodations are requested, a copy of recent testing with recommendations for accommodations must be submitted with this application): _____

Will this student need the services of CCA's MAG (Mentoring for Academic Growth) Program?

Reason for leaving the previous school: _____

Does the student have any history of an unusual physical or emotional condition, which has required professional attention? _____ Yes _____ No If yes, please explain:

Is your child on medication on a regular basis? _____ Yes _____ No

If yes, the name of the medication: _____

Are there any unusual factors in the child's life? (Absences of parent(s), invalidism of adult in the home, serious accidents or illnesses, adoption, etc.) _____ Yes _____ No

If yes, please explain _____

As a member of the Association of Christian Schools International (ACSI), CCA submits an annual report to the organization, in order to provide current data about the Academy including the number of students enrolled in each of the categories listed below. These categories reflect the global nature of schools belonging to ACSI. This data also helps CCA inform families of prospective students about the diversity of our student body. To assist us in providing accurate information, please circle the category that best describes the ethnic/racial heritage of your student. For students whose heritage includes more than one group, you may choose to circle "Other".

African African-American Asian Caucasian Hispanic Native American Other

Why do you want your child or children to attend the Chapelgate Christian Academy?

Who referred you to Chapelgate Christian Academy? _____

Signed:

(Father)

(Mother)

(Guardian)

(Guardian)

(Date)

(Date)

FAMILY INFORMATION

Father _____

Mother _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Employer _____

Employer _____

Position _____

Position _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Marital Status

First Marriage? _____

Widower? _____

*Separated? _____

*Divorced? _____

*Remarried? _____

Marital Status

First Marriage? _____

Widow? _____

*Separated? _____

*Divorced? _____

*Remarried? _____

***Important Note:** If parents are separated, divorced, or remarried, a copy of the custody agreement MUST be submitted to CCA before the admissions process can be finalized.

Church Affiliation

Church _____

Pastor _____

Have you personally received Jesus Christ
as your Savior and Lord? _____

I attend church:

____ regularly ____ seldom ____ never

Church Affiliation

Church _____

Pastor _____

Have you personally received Jesus Christ
as your Savior and Lord? _____

I attend church:

____ regularly ____ seldom ____ never

Family Information (cont.)

<u>Names of all children</u>	<u>Current Grade in School</u>	<u>Attending CCA? (Circle Yes or No)</u>
_____		<u>Yes</u> <u>No</u>
_____		<u>Yes</u> <u>No</u>
_____		<u>Yes</u> <u>No</u>

Has the applicant student ever experienced serious disciplinary action such as suspension, expulsion from school, or police arrest? ___ No ___ Yes If “Yes”, please explain: _____

Do you give CCA administrative staff permission to contact appropriate staff at your student’s former school to discuss this matter? _____ Name of Contact: _____

Chapelgate Christian Academy’s vision is to prepare students to glorify God as life-long stewards through creative, critical, and biblical thinking, influencing culture and serving others. Are there areas in which you as a parent or guardian would volunteer your time and talent to support our vision? If so, please identify all areas that apply and provide relevant details:

- _____ Moms In Touch prayer ministry
- _____ CCA’s Athletic Program, ex. coaching. Please list sport(s): _____

- _____ Drama Productions, ex. costuming, technical support, rehearsals
- _____ Musical Programs, ex. conducting clinics, rehearsals, supervision during concerts
- _____ Hospitality
- _____ Driving buses for field trips, retreats, or athletic events (Requires CDL License)
- _____ Retreats, field trips, ex. chaperoning, helping in kitchen
- _____ Tutoring. Please list subject(s): _____
- _____ Mentoring
- _____ Serving on CCA Parent Organization (POCCA)
- _____ Sponsoring a club, ex. chess. Please list area(s) of interest: _____

- _____ Other: _____

STATEMENT OF FAITH

I believe:

1. That the Bible is the inspired, inerrant, and only infallible authoritative Word of God.
(II Timothy 3:16)
2. That there is one God eternally existent in three persons: Father, Son and Holy Spirit.
(I John 5:5-7)
3. That our Lord Jesus Christ is both God and man in one person. In His virgin birth, in His sinless life, and His miracles, in His bodily resurrection, in His Ascension to the right hand of the Father, and in His personal return in power and glory He is our Redeemer.
(I Corinthians 15:3; I Peter 2:21-24; John 3:16)
4. That God created man and all things, visible and invisible, very good by the power of His Word.
(Genesis 1 & 2; John 1)
5. That man, made in the image of God, is responsible to God in all things. Man has a unique and valuable place in the plan of God and must be highly esteemed and respected.
(Colossians 1:15)
6. That all people are, in their natural state, lost and sinful and in need of regeneration by the Holy Spirit, faith in Jesus Christ, and repentance toward God.
(Romans 3:21-30; Galatians 4:4-7)
7. That the Christian is enabled to live a godly life by the indwelling of the Holy Spirit. (Galatians 5:22-25)
8. That there is a resurrection of both the saved and the lost: they that are saved, unto the resurrection of life; and they who are lost, unto the resurrection of damnation.
(John 5:24, 28, 29)
9. That there is a spiritual unity of believers in our Lord Jesus Christ.
(John 17:21-23)
10. Statement on Marriage:
We believe that God lovingly offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ. (Acts 3:19-21; Romans 10:9-10; 1 Corinthians 6:9-11). We believe that every person must be afforded compassion, love, kindness, respect, and dignity. (Mark 12:28-31; Luke 6:31). Hatful and harassing behavior or attitudes directed toward any individual are to be repudiated and are not in accord with Scripture nor the teaching of Chapelgate Presbyterian Church.

We believe that the term “marriage” has only one meaning: the union of one man and one woman in a single, exclusive union, as delineated in Scripture. (Genesis 2:18-25; Matthew 19:4-6; Ephesians 5:22-33). We believe that God intends sexual intimacy to occur between a man and a woman who are married to each other. (1 Corinthians 7:2-5; Hebrews 13:4). We believe that any form of sexual immorality (including adultery, fornication, homosexual behavior, bisexual conduct, bestiality, incest, and use of pornography) is sinful and offensive to God. (Matthew 15:18-20; 1 Corinthians 6:9-10, 18).

Father's Signature

Mother's Signature

NOTE: Please sign and date above to show you have read, agree with, and understand that your child will be taught from the point of view expressed in Statements 1 through 10 above.

PARENTAL STATEMENT

Parents must agree to the following:

1. I have read the Chapelgate Christian Academy Statement of Faith and agree to have the student educated in accordance with it.
2. I will uphold the school in matters of spiritual nurturing.
3. I give permission for the student to be disciplined according to school policy.
4. I recognize that the school has the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.
5. I commit to:
 - a. Regular tuition payments.*
 - b. Practical help.
 - c. Faithful prayer.
 - d. Support for the administration and the teaching staff.
 - e. Attendance at school events.
 - f. Special financial gifts whenever possible (since tuition does not cover all costs).
6. I have read the Parent/Student Handbook and agree to abide by the operating procedures.
7. I give the student permission to attend scheduled field trips and other school activities when properly notified.
8. Recognizing that today's world requires students to be prepared to utilize technology effectively and responsibly, CCA staff members use technology to communicate with students and their parents. In addition, students are required to complete and submit some of their assignments using technology.
 - In order to fulfill requirements for communication and the completion of assignments, I commit to ensuring that my student has access to appropriate technology.

Parents must sign a Parental Statement form as a requirement for admission.

Father's Signature

Mother's Signature

CHAPELGATE CHRISTIAN ACADEMY TUITION PAYMENT POLICY

**After June 15, once a new student has been accepted or a current student has re-registered for the following year, families are responsible for the first semester's tuition unless they notify the Admissions Office in writing or via email that the student will not be attending CCA. This notification must be received no later than 5 (five) business days from the date of the acceptance for new students or re-registration for current students. Families withdrawing students at the conclusion of the first semester must notify (in writing or via email) the Admissions Office no later than January 15th to be exempt from paying tuition for the second semester. In all cases CCA will not refund the registration fee. Families whose student has been dismissed or expelled from CCA are responsible to pay the tuition through the end of the semester.*



REQUEST FOR RECORDS

Directions for Parents/Guardians: Please provide all requested information about your student's current school. Fill in your student's name and grade for the current school year; then sign and date this form. The completed form should be returned to Linda Cassell with the rest of your application packet. CCA will use this form to request records directly from your student's current school.

Requested: _____

2nd Request: _____

3rd Request: _____

Received: _____

School Name

School Telephone Number

School Street Address

School FAX Number

City/State /ZIP

Name of Contact Person

This is to certify that _____ will be entering the _____th grade
for the _____ school year at Chapelgate Christian Academy.

Directions for School Registrars:

1. Please send most recent/final report card, transcript, and immunization records to CCA Admissions Office by fax to 410-442-2516 or email to lcassell@chapelgateacademy.org.

For students who have completed 9th grade or above, please include a transcript with course titles, final grades, grading scale, and credits awarded for each course.

2. Has this family satisfied all financial obligations to your school? ____ Yes ____ No Initials: _____

3. Please follow-up by mailing copies of all school records including education (grades, transcripts, test results), health (including vision and hearing screening results), special education, disciplinary, and confidential records to:

**Chapelgate Christian Academy
Attention: Linda Cassell
2600 Marriottsville Road
Marriottsville, Maryland 21104**

Rob Van Ness

Headmaster

Date

RELEASE OF RECORDS

I hereby give permission for the release of all my son's/daughter's records, including grades, health records, test scores, behavior and psychological records, and special education records if applicable, to Chapelgate Christian Academy.

Parent/Guardian

Date

ADMISSIONS TESTING RESERVATION

Use this form to schedule your student for admissions testing. The sooner a student has been tested, the sooner the Academy will be able to finalize the acceptance process for that applicant. Admissions testing for the 2016 – 2017 school year will be conducted on the dates listed below:

1. Indicate your 1st and 2nd choices for testing by numbering those two dates in order of preference.

_____	Saturday	January 9, 2016	Rooms 200 & 201
_____	Saturday	February 6, 2016	Rooms 200 & 201
_____	Saturday	March 5, 2016	Rooms 200 & 201
_____	Saturday	April 16, 2016	Rooms 200 & 201
_____	Saturday	May 14, 2016	Rooms 200 & 201
_____	Saturday	June 4, 2016	Rooms 200 & 201
_____	Summer, 2016 – date to be determined		

Test times for all dates: 9:00 AM until approximately 2:30 PM

All applicants must participate in admissions testing which includes:

- Reading, Math, and Language subtests using a standardized multiple-choice achievement test
- A structured summary-writing activity
- A student information and interest survey

2. Provide the following information:

Student's Name: _____ Grade Applying For: _____

Parent's Name: _____

Home Phone: _____ Cell Phone: _____

Parent's E-mail Address: _____

3. Submit the completed Admissions Testing Reservation Request with the rest of the application materials and registration fee.

Parents will receive e-mail messages confirming the date reserved for their student and providing instructions for attending the admissions testing. Questions about admissions testing can be directed to Mrs. Linda Cassell at (410) 442-5888, ext. 122, or by email addressed to lcassell@chapelgateacademy.org.

NOTE: In the event of inclement weather on a test date, parents can call the school at (410) 442-5888 or check the school's website at www.chapelgateacademy.org to find out if the testing for that date is being re-scheduled.

MATH PLACEMENT SURVEY

INSTRUCTIONS: Complete ALL items -- 1 through 6 of this form and submit it with the rest of the application.

1. Student's Name: _____ Current School: _____

2. Grade entering: _____th for School Year _____ - _____

3. Title of Student's Current Mathematics Course: _____

Grades Earned to Date for Current Mathematics Course:

Quarter 1: _____ Quarter 2: _____ Semester 1: _____ Quarter 3: _____ Quarter 4: _____ Final Grade: _____

4. **Which math course do you plan to request for your student for next year?** _____

(A copy of the Math Scope and Sequence is attached for your reference in responding to this question.)

*****Important – Please read carefully***** To ensure that they are prepared for success in the courses taught at CCA all applicants must be qualified and approved by CCA staff before taking classes with prerequisites. (See Math and Science Scope and Sequence Charts.) Approval for placement is based on standardized test data, grades earned in previous courses, and performance on assessments administered by the Math Department. According to CCA policy, "All middle school students taking high school math should earn a final grade of 'B' or better to progress to the next level in high school. It is required that three additional math credits be earned in high school for those students taking high school courses in middle school." High school students must earn a grade of "C" or better to advance to the next course in a sequence. CCA staff will contact parents to schedule a math assessment appointment if necessary.

5. Has your student taken any high school level math courses prior to 9th grade? (Circle one) NO YES

If you circled "YES" attach a copy of the report cards showing the course titles and final grades for these classes.

6. Parent's Name: _____ Phone Number: _____

Parent's Email: _____

FOR CCA OFFICE USE ONLY

Assessment Required: YES NO

Terra Nova Test Data:

Mathematics: Raw ____/____ %-ile

Computation: Raw ____/____ %-ile

Placement Test: _____

Date: _____

Score/Notes: _____

Course Placement: _____

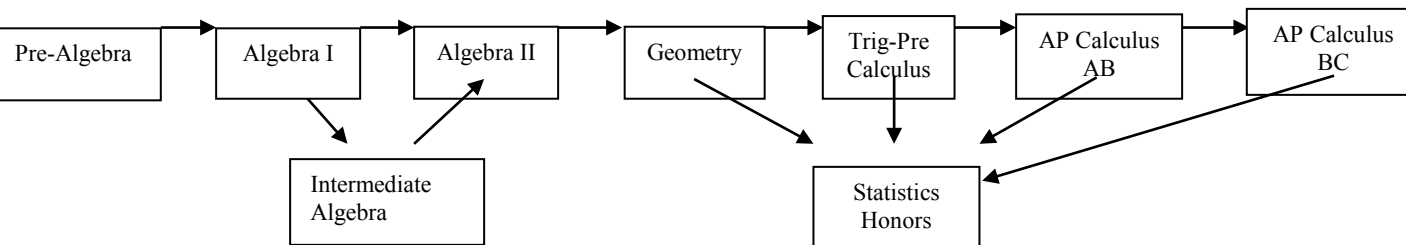
Staff Signature: _____

MATH SCOPE AND SEQUENCE

Sequence of Courses for Middle School

6th Grade: General Mathematics 6 or General Mathematics 7 or Pre-Algebra
7th Grade: General Mathematics 7 or Pre-Algebra
8th Grade: Pre-Algebra or Algebra I

NOTE: Students must earn at least 3 Math credits during high school to graduate.

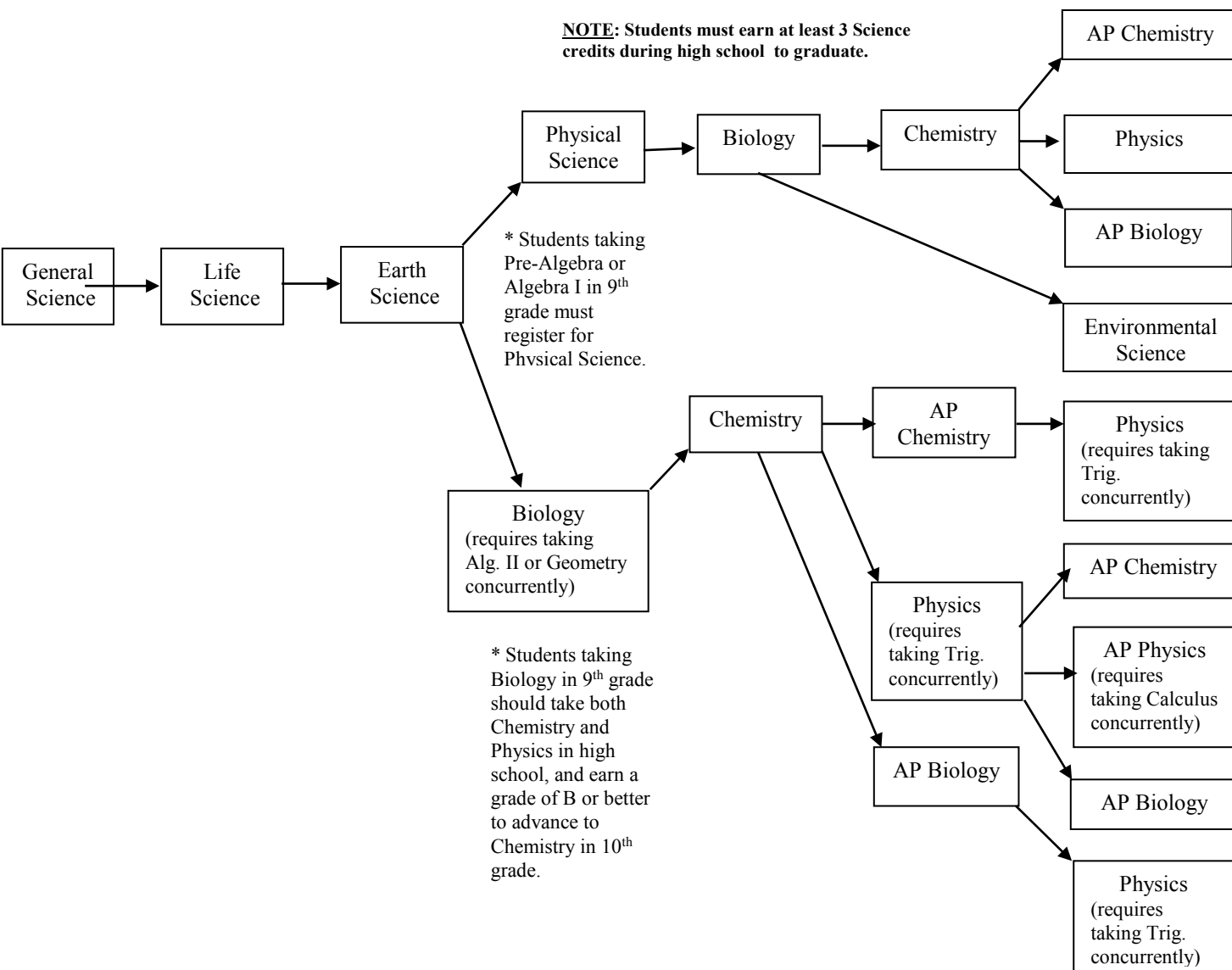


Note: Most four year colleges and universities require Algebra I, Algebra II, and Geometry in high school.

SCIENCE SCOPE AND SEQUENCE

6th Grade **7th Grade** **8th Grade** **9th Grade** **10th Grade** **11th Grade** **12th Grade**

NOTE: Students must earn at least 3 Science credits during high school to graduate.



FOREIGN LANGUAGE PLACEMENT SURVEY

INSTRUCTIONS: Complete this form for all applicants entering grades 8 through 12.

1. Student's Name: _____ Grade entering: ____th for 2016-2017

2. Current School: _____

Read the following page for important information about CCA's foreign language program for middle school.

3. Chapelgate Christian Academy offers Levels I through V in both French and Spanish.

Check the space in front of the course you are planning to request for your student:

_____ French I	_____ Spanish I	_____ We are not planning to request a foreign language for the upcoming school year.
_____ French II	_____ Spanish II	
_____ French III	_____ Spanish III	
_____ French IV	_____ Spanish IV	
_____ French V	_____ Spanish V	

4. Provide the following information about the student's current foreign language course (If any) :

Course Title: _____ Level: _____

Grades Earned to Date for Current Foreign Language Course:

Quarter 1: _____ Quarter 2: _____ Semester 1: _____ Quarter 3: _____ Quarter 4: _____ Final Grade: _____

Title of the textbook used for this course: _____

5. *****Important – Please read carefully***** According to CCA policy, "All middle school students taking a Foreign Language course should earn a final grade of 'B' or better to progress to the next level in high school. It is required that two additional Foreign Language credits be earned in high school for those students taking Foreign Language courses in middle school." Additionally, high school students must earn a final grade of "C" or better to register for the next sequential foreign language course.

- All students entering 9th grade and requesting Level II or higher of a Foreign Language will be tested to determine placement. No placement testing is required for 9th grade students requesting Level I of a Foreign Language.
- Students entering 10th grade or higher may need to participate in placement testing to confirm their Foreign Language course placement.
- CCA staff will contact parents to schedule a Foreign Language assessment appointment if necessary.

6. Parent's Name: _____ Parent's Phone: _____

Parent's Email: _____

FOR CCA OFFICE USE ONLY

Assessment Required: YES NO

Terra Nova Test Data:

Reading Total: Raw ____/____ %ile

Language: Raw ____/____ %ile

Test: _____ Date: _____

Score/Observations: _____

Course Placement Determination: _____

Staff Signature: _____

MIDDLE SCHOOL FOREIGN LANGUAGE PROGRAM

6th Grade:

French Exploratory/Spanish Exploratory

Sixth graders will experience an introduction to both French and Spanish once a week for half the school year (one quarter of French/one quarter of Spanish). Topics for this introductory course include: greetings, numbers, colors, food, and culture.

7th Grade:

Students who are recommended by their English and foreign language exploratory teachers may elect to begin French or Spanish in 7th grade. This twice a week class will cover the first part of the French 1 or Spanish 1 high school course. Students will use the same text as French 1 Bleu or Spanish 1.

7th Grade French 1A Text: Discovering French (Bleu) Heath, Valette – Valette

7th Grade Spanish 1A Text: Realidades I, Pearson, Prentice Hall

8th Grade (Completing Second Half of Level I Course in 8th Grade):

8th graders who began French 1A or Spanish 1A in 7th grade will continue into level 1B. Level 1B will complete the material covered in high school French 1 or Spanish 1. Students who have successfully completed French 1B or Spanish 1B with a final grade of B may continue to high school level 2 in 9th grade. Students taking a foreign language in middle school do so based on a recommendation by school personnel. 8th graders need a B to advance to level II. Students who start a language in 8th grade must take two additional foreign language credits in the same language in high school. Competitive colleges require three years of foreign language in high school.

8th Grade French 1B Text: Discovering French (Bleu) Heath, Valette – Valette

8th Grade Spanish 1B Text: Realidades I, Pearson, Prentice Hall

8th Grade (Completing Entire Level I Course in 8th Grade):

8th graders who have been recommended by their English and foreign language exploratory teachers may elect to begin high school French 1 or Spanish 1 in 8th grade. These are high school level courses, not middle school courses. Students who begin French or Spanish 1 are required to complete 2 further years of the same language in high school. Eighth graders must complete the course with a final grade of B to move on to level 2 in high school.

• French 1

This high school level course introduces students to the basics of French grammar and emphasizes proficiency in oral communication through the active participation of the student in a variety of activities designed to enhance both learning and application of the language. The exercises in the text integrate the skills of listening, speaking, reading and writing with various aspects of French culture. Language skills are reinforced through frequent group and partner practice.

Text: Discovering French (Bleu) Heath, Valette – Valette

• Spanish 1

This high school level course introduces students to the basics of Spanish grammar and emphasizes proficiency in oral communication through the active participation of the student in a variety of activities designed to enhance both learning and application of the language. The exercises in the text, Realidades I, Pearson, Prentice Hall, integrate the skills of listening, speaking, reading and writing with various aspects of Spanish culture. Language skills are reinforced through group and partner practice.

Text: Realidades I, Pearson, Prentice Hall.

INTERNET AND NEWSPAPER PERMISSION

It is the practice of CCA, when appropriate, to publish photographs and names of students on the school's website, or in local newspapers to highlight events and activities at the school, such as dramatic productions, concerts, and sports, or to recognize students' noteworthy achievements. Additionally, photographs and names of CCA student athletes may appear on either the MIAA (boys) or IAAM (girls) League website as a means of publicizing information about our sports teams and student athletes.

Directions: Provide your student's name, your signature, and today's date following either Statement A or Statement B below in order to communicate your instructions to CCA regarding this matter.

A. If, as a parent or guardian, you give Chapelgate Christian Academy permission to publish your student's name and/or photograph as described above, please provide the name of your student, your signature, and today's date in the space immediately following:

Name of Student

Parent/Guardian Signature

Date

OR

B. If, as a parent or guardian, you do NOT give Chapelgate Christian Academy permission to publish your student's name and/or photograph as described above, please provide the name of your student, your signature, and today's date in the space immediately following:

Name of Student

Parent/Guardian Signature

Date

PLEASE NOTE: The instructions you have provided on this form shall be considered as standing throughout your student's career at Chapelgate Christian Academy, unless you provide a written notification of any change. Such notifications should be submitted to the attention of the Academy's Registrar.

CHILD'S NAME _____			
LAST	FIRST	MI	
SEX: MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	BIRTHDATE _____/_____/_____	
COUNTY _____	SCHOOL _____	GRADE _____	
PARENT NAME _____		PHONE NO. _____	
OR GUARDIAN ADDRESS _____		CITY _____ ZIP _____	

RECORD OF IMMUNIZATIONS (See Notes On Other Side)	
--	--

Vaccines Type													
Dose #	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr
1									1				
2									2				
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	FLU Mo/Day/Yr	Other Mo/Day/Yr
4										_____	_____	_____	_____
5										_____	_____	_____	_____

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name
Office Address/ Phone Number

- | | | | |
|----|---|-------|------|
| 1. | Signature
(Medical provider, local health department official, school official, or child care provider only) | Title | Date |
| 2. | Signature | Title | Date |
| 3. | Signature | Title | Date |

Lines 2 and 3 are for certification of vaccines given after the initial signature.

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a: ☐ Permanent condition OR ☐ Temporary condition until _____/_____/_____
Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication:

Signed: _____ Date _____

 Medical Provider / LHD Official Date

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

How To Use This Form

The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

Only a medical provider, local health department official, school official, or child care provider may sign 'Record of Immunization' section of this form. This form may not be altered, changed, or modified in any way.

Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **varicella, measles, mumps, or rubella**.
2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.
3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).
4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but **revaccination may be more expedient**.
5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

Immunization Requirements

The following excerpt from the DHMH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

“A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

- (1) Preschool program unless the student's parent or guardian has furnished evidence of age appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
- (2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
- (3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine.”

Please refer to the “**Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools**” to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and DHMH COMAR 10.06.04.03 are available at www.dhmf.maryland.gov. (Choose Immunization in the A-Z Index)

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the “**Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs**” guideline chart are available at www.dhmf.maryland.gov. (Choose Immunization in the A-Z Index)



Eligibility Verification Form

(rev 6/14)

A transfer student is one who changes enrollment from one school to another. Participation, in regards to any transfer policy, is defined as practicing or scrimmaging during the regular season, beginning with the 1st practice date or playing in any interscholastic competition. Please read the transfer policy guidelines below. If you have any questions, please call the league office at 410-544-2233

A transfer student who changes schools during the school year and has participated in interscholastic athletics at any level at his former school is ineligible to participate in interscholastic activities for the remainder of that school year. Additionally, that student, if he or she was a varsity athlete at their previous school, is ineligible for participation in that (those) sport(s) for one calendar year from the date of enrollment. A student athlete who is by definition a varsity athlete at a member school may not become eligible to participate at another member school in the next academic year by enrolling in a non-member school for a period of less than one full academic year. Further, a student's eligibility to participate is based on his/her participation for the prior year only. A student who plays on a varsity team during one year and does not participate in the year prior to transfer, will be eligible to play provided all other transfer criteria are met. Please refer to the definition of a "varsity athlete" which is addressed later in this form.

A transfer student who migrates from one member school to another and was a varsity athlete at his / her previous school is ineligible to participate in that sport at the new school for one calendar year beginning with the first date of enrollment at the new school. If that student was an undersquad athlete (freshman or junior varsity) at his previous school, he / she may transfer without penalty unless transferring under stipulations in paragraph 1.

Open Enrollment Period - An Open Enrollment Period will be offered for non-member student athletes. From June 1 through September 1, student athletes transferring from any non-member school to a member school, may transfer to and participate in interscholastic athletics, at any level, without penalty. In order to qualify under this guideline, all appropriate paperwork must be completed and the enrollment contract deposit must be paid on or before September 1. The MIAA reserves the right to request copies of any enrollment contract. The student athlete must physically be attending classes on the first day of fall classes or by September 1. If the opening of the member school is after September 1, the required paperwork and deposit must be complete on or before the September 1st date.

30 Day Rule - A transfer student, regardless of prior participation, who transfers between September 1 and May 30 of any academic year, may not participate in a league competition of this Association until 30 days after the date of enrollment at the new school, which date may not precede the last day of the student's attendance at the prior school.

Date of Enrollment - Date of enrollment is defined as the first day the student is physically attending classes.

Varsity Athlete - For transfer purposes, a varsity athlete is defined as a student who has participated in any way in a varsity interscholastic competition. Varsity game participation is based on participation in grades 9 thru 12 only.

Limits of Participation - A student athlete is limited to four years of participation in any one sport in grades 9 thru 12.

The only exceptions to this policy are the following:

- a) if a student were to change their primary residence; a change in primary residence means a move of more than 30 miles from their present residence.
- b) if a student's present school eliminates the athletic program in which he/she is participating.

This transfer policy is effective as of June 1, 2009 and is non-appealable.

A TRANSFER STUDENT, REGARDLESS OF PRIOR PARTICIPATION, MAY NOT PARTICIPATE IN THE MIAA UNTIL THIS FORM IS SUBMITTED TO THE LEAGUE OFFICE AND APPROVAL IS GRANTED.

Eligibility Verification Forms are due to the league office upon the date of enrollment. For any transfer student without a verified EVF, any games played will be subject to forfeiture. Additionally, a student athlete transferring from one member school to another may not participate in interscholastic athletics until all financial obligations at the previous school have been satisfied.

Transferring Student's Name: _____
Last First Middle

Current Address _____ City _____ State _____ Zip code _____

If you have lived at this address for less than one year, please provide former address and date of move:

(please complete reverse side)

Phone (____) _____ Date of Birth _____ Class Enrolling Into: Fr So Jr Sr
Have you (Will you be) repeated (repeating) any grades since entering the 9th grade ? _____

Name of MIAA School Student is Transferring to: _____

Name of Outgoing School _____

Address _____ City _____ State _____ Zip code _____

Phone (____) _____ Date of Withdrawal from Outgoing School _____

Name of School Student Attended for Ninth Grade _____ Date Enrolled _____

Athletic History at Outgoing School(s):

(Please include participation level, sport, and academic calendar year of participation – i.e. Varsity Basketball, 2012-2013)

Fall Sports _____

Winter Sports _____

Spring Sports _____

Have all financial obligations been satisfied at your outgoing school? _____

I certify that the information provided on this Eligibility Verification Form is true and correct as of the date set forth opposite my signature.

Parent / Guardian Signature _____ Date _____

Name of Outgoing School Principal: _____ Phone# (____) _____

Phone# (____) _____ Name of Outgoing School Director of Athletics: _____

Signature of Outgoing School Director of Athletics _____ Date _____

To be completed by Admission Officer of the School the Student is transferring to.

Date of Application _____ Date of Enrollment _____

For International Students, Name of Approved CSIET Agency _____

Signature of Admissions Officer _____ Date _____

Return completed form to:

**MIAA
P.O. Box 606
Severna Park, MD 21146
Fax (410) 544-2283
sandi@miaasports.net**

PASTOR'S RECOMMENDATION

PART I. (To be completed by the applicant's family.)

After you have completed Part I, give this form to your pastor to complete Part II and send directly to the school.

Family Name _____

Family Address _____

Church Home _____

Names of children applying to Chapelgate Christian Academy:	<u>Current Grade</u> <u>In School</u>
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1. _____	_____
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2. _____	_____
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3. _____	_____
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4. _____	_____
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PART II. (To be completed by the Pastor.)

Is the above family an active member of your church? _____

Have any members of the family held a leadership position in the church? _____

If yes, please explain: _____

Are the above named children active in the youth program of your church? _____

Do you consider the children open to spiritual instruction? _____

What is your understanding of this family's relationship to God?

Are there any concerns that should be known by the school, which could either positively or negatively influence the decision of the admissions committee?

Do you recommend the family for admission to Chapelgate Christian Academy? _____

Pastor's Signature _____

Pastor's Name _____

Church Name _____

Church Address _____

This form is to be completed by the Pastor and then returned directly to Mrs. Cassell at:

Chapelgate Christian Academy
Attention: Linda Cassell, Admissions
2600 Marriottsville Road
Marriottsville, MD 21104

It can also be faxed to Mrs. Cassell at 410-442-2516.

If you have any questions, you can reach Mrs. Cassell by telephone at (410) 442-5888, ext. 122 or by sending an email message to lcassell@chapelgateacademy.org

ENGLISH TEACHER'S RECOMMENDATION

PART I. (To be completed by the applicant's family)

Student's Name: _____ Applying for Grade: _____

I authorize the release of information for the student named above to Chapelgate Christian Academy.

PARENT'S SIGNATURE: _____ Date: _____

I waive the right to seek access to confidential recommendations and evaluations used to determine my child's admission. Chapelgate Christian Academy reserves the right to contact the person completing this form for further clarification if necessary.

PART II. (To be completed by the School Officials) All information provided to Chapelgate Christian Academy is held in confidence and will not be shared with the applicant's family. Your observations are valuable to our staff as we work to determine whether we might be a good match for this applicant. Please complete and sign Part II of this form and forward to: Linda Cassell, Chapelgate Christian Academy Admissions Office, 2600 Marriottsville Road, Marriottsville, MD 21104. Alternately, documents can be emailed to lcassell@chapelgateacademy.org or faxed to 410-442-2516. Thank you for taking time to reflect and provide us with your perspective.

A. Information From the English Teacher: Please complete items 1-8 in Section A and Sections C, D, and E on page 2

1. Name of the Current School: _____

2. English Teacher's Name: _____
Signature: _____ Date: _____

3. How long have you known the applicant? _____

4. What words come to your mind to describe this applicant? _____

5. Current course & title of text: _____

6. Have you been providing educational accommodations to this applicant? _____ If so, please identify them:

7. To your knowledge, has the applicant been evaluated for learning disabilities? _____

8. If you would like to talk with a member of our staff concerning this applicant, please provide contact information:

Email: _____

Phone: _____

Best time to call: _____

B. Information From the Current School's Administration:

1. Has this family satisfied all financial obligations to your school? _____ Yes _____ No

Name of Administrator: _____

Signature: _____ Date: _____

Title: _____

C. Information about the Applicant's Academic Qualities:

Please circle the phrases that best describe this applicant's academic qualities:

<u>Academic Ability</u>	Outstanding	Good	Average	Weak
<u>Academic Achievement</u>	Far Above Expectations	Better Than Tests	As Expected	Below Expectations
<u>Self-motivation</u>	Consistently Eager to Learn	Demonstrates Some Motivation to Learn	Does Only What is Required	Does Very Little Work for this Class
<u>Study Habits:</u>	Seems Consistently Well Organized	Usually Completes and Turns in Work on Time	Inconsistent About Completing Work & Turning it in on Time	Work is Usually Late and Often Incomplete
<u>Ability to Work</u>	Works Well Consistently	Usually Works Well	Sometimes Struggles	Often has Difficulty Working in a Group
<u>Participation in Discussion</u>	Readily participates; adds value to the conversation	Participates Willingly	Contributes Only When Called On	Tries to Dominate any Discussion
<u>Reads for Pleasure</u>	Regularly	Often	Occasionally	Not to my Knowledge
<u>Written Expression</u>	Excellent	Good	Fair	Limited
<u>Mechanics</u>	Excellent	Good	Fair	Limited
<u>Oral Expression</u>	Outstanding	Effective	Has Some Difficulty	Limited
<u>Follows Directions</u>	Quickly & Correctly	Occasionally Requires Clarification	Frequently Needs Directions Repeated	Often Seems to Ignore or Misunderstand Directions
<u>Seeks Help When Needed</u>	Always	Most of the Time	Occasionally	Not Usually
<u>Attention Span</u>	Exceptional	Usually Good	Sometimes Distracted	Easily Distracted

D. Information about the Applicant's Personal Qualities:

Please circle the phrases that best describe this applicant's personal qualities:

<u>Maturity</u>	Very Mature	Typical for Age	Somewhat Immature	Very Immature
<u>Peer Social Relationships</u>	Healthy Friendly Relationships	Occasional Minor Difficulties with Peers	Frequent Minor Difficulties with Peers	Often Has Difficulty Getting Along with Peers
<u>Conduct</u>	Consistently Respects Authority and Obeys Rules	Usually Respects Authority and Obeys Rules	Occasional Mis-conduct	Frequently Disruptive

E. Information About the Applicant's Instructional Level in English/Language Arts:

Please circle the phrase that best describes this applicant's instructional level:

Significantly Above Grade Level	Above Grade Level	On Grade Level	Below Grade Level	Significantly Below Grade Level
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MATHEMATICS TEACHER'S RECOMMENDATION

PART I. (To be completed by the applicant's family)

Student's Name: _____ Applying for Grade: _____

I authorize the release of information for the student named above to Chapelgate Christian Academy.

PARENT'S SIGNATURE: _____ Date: _____

I waive the right to seek access to confidential recommendations and evaluations used to determine my child's admission. Chapelgate Christian Academy reserves the right to contact the person completing this form for further clarification if necessary.

PART II. (To be completed by the School Officials) All information provided to Chapelgate Christian Academy is held in confidence and will not be shared with the applicant's family. Your observations are valuable to our staff as we work to determine whether we might be a good match for this applicant. Please complete and sign Part II of this form and forward to: Linda Cassell, Chapelgate Christian Academy Admissions Office, 2600 Marriottsville Road, Marriottsville, MD 21104. Alternately, documents can be emailed to lcassell@chapelgateacademy.org or faxed to 410-442-2516. **Thank you for taking time to reflect and provide us with your perspective.**

A. Information From the Math Teacher: Please complete items 1-8 in Section A and Sections C, D, and E on page 2

1. Name of the Current School: _____

2. Mathematics Teacher's Name: _____

Signature: _____ Date: _____

3. How long have you known the applicant? _____

4. What words come to your mind to describe this applicant? _____

5. Current course & title of text: _____

6. Have you been providing educational accommodations to this applicant? _____ If so, please identify them:

7. To your knowledge, has the applicant been evaluated for learning disabilities? _____

8. If you would like to talk with a member of our staff concerning this applicant, please provide contact information:

Email: _____

Phone: _____

Best time to call: _____

B. Information From the Current School's Administration:

1. Has this family satisfied all financial obligations to your school? _____ Yes _____ No

Name of Administrator: _____

Signature: _____ Date: _____

Title: _____

C. Information about the Applicant's Academic Qualities:

Please circle the phrases that best describe this applicant's academic qualities:

<u>Academic Ability</u>	Outstanding	Good	Average	Weak
<u>Academic Achievement</u>	Far Above Expectations	Better Than Tests	As Expected	Below Expectations
<u>Self-motivation</u>	Consistently Eager to Learn	Demonstrates Some Motivation to Learn	Does Only What is Required	Does Very Little Work for this Class
<u>Study Habits:</u>	Seems Consistently Well Organized	Usually Completes and Turns in Work on Time	Inconsistent About Completing Work & Turning it in on Time	Work is Usually Late and Often Incomplete
<u>Ability to Work</u>	Works Well Consistently	Usually Works Well	Sometimes Struggles	Often has Difficulty Working in a Group
<u>Participation in Discussion</u>	Readily participates; adds value to the conversation	Participates Willingly	Contributes Only When Called On	Tries to Dominate any Discussion
<u>Background Knowledge of Math</u>	Extremely strong math foundation	Good foundation – ready to learn	Sometimes needs re-teaching to fill in knowledge “gaps”	Poor math foundation impedes learning
<u>Ability to Grasp New Math Concepts</u>	Grasps new math concepts intuitively	Needs very little help to grasp new math concepts	May need guided practice to grasp new math concepts	Requires individual tutoring to grasp new math concepts
<u>Math Applications & Problem Solving</u>	Exceptional ability to apply concepts and solve math problems	Consistently applies concepts and solves problems accurately	Usually applies concepts and solves problems accurately	Has difficulty applying concepts and solving problems accurately
<u>Follows Directions</u>	Quickly & Correctly	Occasionally Requires Clarification	Frequently Needs Directions Repeated	Often Seems to Ignore or Misunderstand Directions
<u>Seeks Help When Needed</u>	Always	Most of the Time	Occasionally	Not Usually
<u>Attention Span</u>	Exceptional	Usually Good	Sometimes Distracted	Easily Distracted

D. Information about the Applicant's Personal Qualities:

Please circle the phrases that best describe this applicant's personal qualities:

<u>Maturity</u>	Very Mature	Typical for Age	Somewhat Immature	Very Immature
<u>Peer Social Relationships</u>	Healthy Friendly Relationships	Occasional Minor Difficulties with Peers	Frequent Minor Difficulties with Peers	Often Has Difficulty Getting Along with Peers
<u>Conduct</u>	Actively Contributes to a Positive Classroom Atmosphere	Contributes Minimally	Is Somewhat Disruptive to Others	Significantly Disruptive to Others

E. Information About the Applicant's Instructional Level in Mathematics:

Please circle the phrase that best describes this applicant's instructional level:

Significantly Above Grade Level	Above Grade Level	On Grade Level	Below Grade Level	Significantly Below Grade Level
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What math course do you recommend for this student for the upcoming year? _____