



Student Application



THE CHURCH CHRISTIAN ACADEMY
1683 Mars Hill Road
Sutersville, Pennsylvania 15083
724.446.4020

Term 20 _____ Date _____

STUDENT INFORMATION

Name _____
(Last) (First) (Middle)

Address _____

City / State _____ ZIP _____

Telephone _____

Age _____ Sex _____ Birth Date _____ Birthplace _____

School Last Attended _____

Address _____

Last Grade Completed _____

FAMILY INFORMATION

Father's Name _____

Employment _____

Position _____ Business Phone _____

Mother's Name _____

Employment _____

Position _____ Business Phone _____

Emergency telephone number,
other than those already listed _____

Marital Status: Married _____ Widow _____

Divorced _____ Separated _____

Children in family of school age if not applying:

Name _____ Age _____

Reason they are not applying: _____

RELIGIOUS INFORMATION

Church Attending _____

Address _____

Pastor _____ Phone _____

Father: Christian? Yes _____ No _____

Mother: Christian? Yes _____ No _____

Has applicant ever made a profession of faith in Christ?

Yes _____ No _____

MEDICAL INFORMATION

Family Physician _____

Phone _____

Does student have any physical defects or allergies? _____

Explain: _____

Has student received immunizations? DTP/DTaP/DT/Td _____

Polio _____ MMR _____

Varicella _____ Hepatitis B _____

SCHOLASTIC INFORMATION

Has student ever been expelled, dismissed, suspended, or refused admission to another school? _____

If yes, explain: _____

Has student ever had disciplinary difficulty at school? _____

If yes, detail: _____

Does student have a juvenile or arrest record? _____

If yes, explain: _____

Has student ever used tobacco or nonprescription drugs of any kind? _____

If yes, explain: _____

Please indicate academic level of student's previous work:

Excellent _____ Good _____ Average _____ Poor _____

Has student ever failed an academic subject in school? _____

If yes, explain: _____

GENERAL INFORMATION

How did you hear about this school? _____

Reason for selecting this school: _____

Application must be filled out completely before it can be processed.

Application, Registration, and Testing Fees of \$ _____

must accompany Application and are not refundable. An interview with the parents and the student will be required before final acceptance.

_____My signature below indicates that the information I have provided is true and correct. I understand that my child's acceptance into The Church Christian Academy (TCCA) is not guaranteed and that the TCCA admission team reserves the right to deny admission to any student that they believe will not be a positive influence and addition to the student body.

_____I understand that application and testing fees are non-refundable, regardless of final acceptance decision.

_____I give my consent for my personal information to be shared with the admission team for the purpose of determining acceptance to the TCCA program. The admission application will not be shared for any other purpose or with any other individual or group.

Mother/Legal Guardian Signature

Date

Father/Legal Guardian Signature

Date

Student Signature

Date