



2020-2021 Application for Admission

Please complete form and submit with \$100.00 non-refundable application fee.

Applying for Grade: _____

Applicant's Full Name: _____

Preferred Name: _____

Gender: _____ Age: _____ Date of Birth: _____ / _____ / _____

Address: _____

Father Mr./ Dr./Rev. _____

Preferred Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Email address: _____ Work Phone: () _____

Employer: _____ Job Title: _____

College(s): _____ Degree(s): _____

Mother Mrs./ Dr./Rev. _____

Preferred Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Email address: _____ Work Phone: () _____

Employer: _____ Job Title: _____

College(s): _____ Degree(s): _____



Applicant lives with (check all that apply):

_____ Mother _____ Father _____ Stepmother _____ Stepfather _____ Guardian

Parents are: _____ Married _____ Divorced _____ Separated _____ Widowed

Who has legal custody? _____

If parents are separated or divorced, please select who is to receive communication from school

_____ Mother _____ Father

Person responsible for school financial obligations: _____

Address, if different from Applicant's: _____

Family's Church: _____ Denomination: _____

Pastor's Name from the church you attend who will be completing the Pastoral Reference:

How long have you actively attended this church? _____

Please list church involvement: _____

Applicant's previous school experience(s):

School	Dates Attended	Grade(s) completed

Siblings: Please list all siblings. If they are enrolled in Pre-K through College, please give current school.

Name	Birthdate	Grade	School



Demographic Section: This information is **voluntary** and will be used in a nondiscriminatory manner. *Chapel Hill Christian Academy admits students of any race, color, and national or ethnic origin.*

Ethnic Background:

African American Asian American Biracial/Multicultural Caucasian
 Latino/Hispanic Native American Other _____

Local Emergency Contacts other than parents: (Parents will be contacted first in any emergency.)

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Please describe how you came to know Jesus Christ as your Lord and Savior: (Please feel free to type or
handwrite, and use extra paper if needed)

Father:

Mother:



How did you hear about CHCA? _____ Website _____ Church Bulletin or Announcement

Other: _____

CONFIDENTIAL INFORMATION

What special award(s) and/or recognition has applicant received?

What extracurricular activities does your child participate in?

What would you like for us to know about your child?

Please state below the reason you would like your child to be enrolled at Chapel Hill Christian Academy:



I agree to the following:

- To abide by the rules and regulations of CHCA as outlined in the Student/Parent Handbook
- To have CHCA administer academic entrance testing for my child.
- To attend Back-To-School Orientation
- To meet with one or more members of the CHCA Board in order for at least one parent to give his/her Christian testimony and to express agreement with the school's Statement of Faith.
- I understand that the \$100.00 registration is non-refundable and due at the time of application submission.

The facts given in the enrollment process are true and complete to the best of my knowledge.

_____	_____	_____	_____
Signature(Mother/Guardian)	Date	Signature(Father/Guardian)	Date



Academic, Social/Emotional and Behavior Assessment

Applicant's Name: _____ Grade: _____

Chapel Hill Christian Academy is a Christian is to assist families in the teaching of their children by providing an education that is distinctively Christian, academically excellent, Biblically saturated, Christ glorifying, and service and mission oriented. We exist to cultivate lifelong learners who, with wisdom and beauty, shape and influence their world for Christ. Your thorough and honest responses to the questions below are essential to CHCA's ability to educate and minister in all aspects of your student's education.

Social/Emotional

Is adoption or fostering part of your child's story? If yes, at what age was your child adopted or in foster care? Was adoption international or domestic? _____

Has applicant ever experienced any traumatic life events including but not exclusive to divorce/separation, death in family, bullying, stressful family situation, illness of self or family member, military deployment, new member in the family, or any other information that may be beneficial for the school to know? YES NO

If yes, please explain:

Has applicant ever had anxiety, depression, OCD, suicidal threats/attempts, eating disorders, or any other emotional/mental struggle? YES NO

If yes, please explain:



Behavioral

Has applicant ever experienced any of the following?

Detention	<input type="radio"/> Yes	<input type="radio"/> No	Grade Level:	Duration:
Suspension	<input type="radio"/> Yes	<input type="radio"/> No	Grade Level:	Duration:
Expulsion	<input type="radio"/> Yes	<input type="radio"/> No	Grade Level:	Date:
Demerits	<input type="radio"/> Yes	<input type="radio"/> No	Grade Level:	Number:
Withdrawn for pending disciplinary actions	<input type="radio"/> Yes	<input type="radio"/> No	Grade Level:	Date:

If yes, please explain each infraction including name of school:

Does applicant take medication for any behavioral or emotional need/and or learning disability?

YES NO

Please describe the medication and its effects on your child (better focus, sedative, calming, etc)



Academic

Has applicant ever repeated a grade? YES NO If yes, which grade? _____

Please explain: _____

Has applicant received services for the following?

Speech Therapy	<input type="radio"/> Yes	<input type="radio"/> No	If yes, please explain:
Occupational Therapy	<input type="radio"/> Yes	<input type="radio"/> No	If yes, please explain:
Reading Intervention	<input type="radio"/> Yes	<input type="radio"/> No	If yes, please explain:
Tutoring	<input type="radio"/> Yes	<input type="radio"/> No	Include subject(s) and durations:
Extra help in any subject	<input type="radio"/> Yes	<input type="radio"/> No	If yes, please explain:

Has applicant ever been tested for or diagnosed with a learning challenge or disability? YES NO

If yes, please explain: _____

Has applicant ever received IEP or 504 assistance at school? YES NO

If yes, please explain: _____



Has applicant ever attended a school or participated in a program for students who have special academic needs (including gifted, enrichment, OR special education)? YES NO

If yes, please explain: _____

Has applicant ever undergone any outside academic testing such as Psychoeducational, Speech, or OT Evaluation or WISC or Woodcock-Johnson Assessment, etc? YES NO

If yes, please explain: _____

Failure to disclose all academic, social/emotional, or discipline information for the applicant may result in automatic denial of the applicant. Upon acceptance, enrollee may not be able to continue as a student of CHCA, if parents are not forthcoming with all applicable information. Answering "yes" to any of the above does not preclude the applicant from enrollment. Our goal is to assure our ability to meet the applicants need.

Along with Application please include IEP documentation, test results including Psychoeducational Evaluations, Discipline records, and any other supportive documentation.

I certify that I have answered every question to the best of my knowledge. All transcripts, standardized tests and report cards I have submitted during the admissions process are accurate.

Parent Signature

Date

Parent Signature

Date