



CENTRAL CHRISTIAN ACADEMY APPLICATION FORM

P.O. Box 1629 / Goldenrod, Florida 32733

Leslie Rawle - School Director

Phone (407) 332-6988 / Fax (407) 332-4413

Email: cca@acces-inc.com / Web: www.cca.acces-inc.com (application on website)

DATE		PLEASE PRINT ! <i>One Application Filled Out For Each Student</i>	
STUDENT'S NAME: LAST		, FIRST MIDDLE	
BIRTH DATE:	AGE:	MALE:	FEMALE:
NAME OF PARENT(S) OR GUARDIAN(S) THAT STUDENT RESIDES WITH: FULL NAME PLEASE			
FATHER:		OCCUPATION:	
MOTHER:		OCCUPATION:	
MAILING ADDRESS:			
CITY:		STATE:	ZIP:
PHYSICAL ADDRESS (FOR UPS):			
CITY:		STATE:	ZIP:
HOME PHONE:		E-MAIL:	
FATHER'S WORK #:		MOTHER'S WORK#:	
WHO WILL DO THE MAJORITY OF THE TEACHING?	MOTHER	FATHER	OTHER(EXPLAIN)
WHO WILL SUPERVISE DURING SCHOOL HOURS?	MOTHER	FATHER	OTHER(EXPLAIN)
HOW MANY CHILDREN DO YOU HAVE?	HOW MANY ARE YOU TEACHING AT HOME?		
HAVE YOU TAUGHT YOUR CHILDREN AT HOME BEFORE?		IF YES, HOW LONG?	
IF YES, WHAT CURRICULUM DID YOU USE?			
DOES YOUR FAMILY ATTEND CHURCH REGULARLY?			
ARE YOU INVOLVED WITH ANY HOME SCHOOL SUPPORT GROUPS?		IF YES, WHO?	
WHY DID YOU DECIDE TO TEACH THIS STUDENT AT HOME?			
HOW DOES YOUR CHILD FEEL ABOUT BEING TAUGHT AT HOME?			
HOW DID YOU HEAR ABOUT CENTRAL CHRISTIAN ACADEMY?		WHEN DO YOU DESIRE TO START SCHOOL?	
FOR SCHOOL OFFICE USE ONLY			
DIAG:SHIPPED __ PICKEDUP __ RETURNED __		D ____ Ck# ____ CC __ CASH __ 1P:	
H/T S/R S.OFT.		D ____ Ck# ____ CC __ CASH __ 2P:	

STUDENT INFORMATION

LAST GRADE COMPLETED:		DATE THIS GRADE WAS COMPLETED:	
LAST SCHOOL ATTENDED:		PHONE#:	
WRITE IN THE CORRECT ADDRESS OF LAST SCHOOL ATTENDED HERE AND ON THE REQUEST FOR RELEASE OF RECORDS FORM. PLEASE RETURN THE REQUEST FOR RELEASE OF RECORDS FORM TO US WITH THE APPLICATION. THANK YOU!			
ADDRESS:	CITY:	STATE:	ZIP:
HAS STUDENT OFFICIALLY WITHDRAWN FROM PREVIOUS SCHOOL?			
DID THE LAST SCHOOL THE STUDENT ATTEND USE THE SCHOOL OF TOMORROW CURRICULUM (A.C.E.)?			
IF SO, DO YOU WISH TO HAVE YOUR STUDENT RE-TESTED WITH THE DIAGNOSTIC TESTS?			
USE EXTRA PAPER FOR THE FOLLOWING QUESTIONS, IF NECESSARY: HAS STUDENT EVER FAILED IN SCHOOL?			
IF YES, EXPLAIN:			
HAS STUDENT EVER HAD DISCIPLINE PROBLEMS?			
IF YES, EXPLAIN:			
EVALUATE STUDENT'S PROGRESS IN PREVIOUS ACADEMIC WORK: (CHECK MARK)			
EXCELLENT	ABOVE AVERAGE	AVERAGE	GOOD
POOR			
HOW WOULD YOU DESCRIBE YOUR STUDENT'S READING ABILITY?			
NOTE ANY LEARNING PROBLEMS OR SPECIFIC DISABILITIES ON A SEPARATE SHEET OF PAPER AND ENCLOSE WITH THIS APPLICATION.			
LIST OTHER INFORMATION REGARDING THE STUDENT'S PAST HISTORY THAT MAY BE OF ASSISTANCE TO US:			
DOES THE STUDENT WORK? IF SO, WHERE?			
DOES STUDENT BELONG TO ANY YOUTH GROUPS, CLUBS, ETC.?			
DOES STUDENT TAKE ANY TYPE OF MUSIC LESSONS?			

FINANCIAL INFORMATION - PLEASE CHECK APPROPRIATE LINES

<p>_____ Application Fee for First Year (New) Students (1st - 12th grades) (non-refundable) Includes diagnostic testing if needed.</p> <p>_____ Transcript Evaluation Fee. Mandatory fee for new students of 9th through 12th grades. Add to Application fee. (example: \$85.00 + \$40.00 = \$125.00)</p>	<p>(First New Student) =\$85.00 (Second New Student) =\$55.00 (3rd New Student and up) =\$25.00 (For 9th through 12th students) =\$40.00</p>
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SERVICE FEES PER STUDENT INCLUDE: Curriculum, tax, & service. ACE Curriculum is our preferred curriculum of choice and will be prescribed, unless you choose otherwise. You may choose to substitute some quarterly curriculums with one, two, or three full year curriculums which means we may charge more for the first quarter to cover the cost of a full year curriculum. All curriculum choices, other than ACE Curriculum, must be discussed with us first. Diagnostic placement testing must be completed before making a final decision.

IMPORTANT: After you have received your first set of curriculum, all curriculum decisions are FINAL. You must complete that years prescribed curriculum before making changes. No switching to some other curriculum part way through the year. Changes are difficult on students, so choose wisely when making a decision on which curriculum to use.

Quarterly Curriculums: Can be Issued One Quarter at a time

ACE Curriculum : 1st graders are in five subjects in ACE Curriculum, 2nd through 6th graders are in six subjects, 7th and 8th are in five subjects, and 9th through 12th are in six subjects of ACE Curriculum per year.

Alpha Omega LIFEPAcs : Worktexts for 1st through 12th grades in Math, Language Arts, History/Geography, Science, Bible, and Electives.

Full Year Curriculums: Can be Issued One Time at Beginning of Year.

Saxon Math : Textbooks for 4th through 12th grade.

Apologia Science Courses : Textbooks for 7th through 12th grades.

Full Year Curriculum Payment Option	Fees include Curriculum, Tax, & Service	=Total
<i>Option # 1 - Paid In Full:</i>		
_____ Full Payment (Grades 1 through 8)	\$820.00	=\$820.00
_____ Full Payment (Grades 9 through 12)	\$880.00	=\$880.00

Quarterly Curriculum Payment Options	1st Quarter Payment	2nd, 3rd, & 4th Quarter Payments	
<i>Option # 2 - Quarterly Curriculum Paid by Each Quarter of the School Year:</i>			
_____ Quarterly Payment (Grades 1 - 8)	\$205.00	+\$205.00 each quarter thereafter	=\$820.00
_____ Quarterly Payment (Grades 9 - 12)	\$220.00	+\$220.00 each quarter thereafter	=\$880.00

Note for Families with 4 or more students: For Families with more than 3 students in our school, we will for the 4th child & up take \$320.00 off the full years fee or \$80.00 off each quarters payment.

Grades 1 - 8 would be \$500.00 a year or \$125.00 per quarter.

Grades 9 - 12 would be \$560.00 a year or \$140.00 per quarter.

Application Fee & Transcript Evaluation Fee (if Applicable) paid: \$ _____

The Amount of Fee paid at this time: \$ _____

Total amount paid at this time: \$ _____

Fees Subject to change without notice.

Check payment method used: ☐ Check/M.O. ☐ Visa ☐ MC ☐ Amer Express ☐ Discover / Amount you want charged: \$ _____

Card Number # _____ Exp Date _____

Please be sure to include all digits

Print name exactly as it appears on the Credit Card

3-digit CVI# on back of card: _____

**ENCLOSE THE FOLLOWING WITH YOUR
APPLICATION FOR EACH STUDENT:**

- ____ 1. Application filled out in its entirety.
- ____ 2. Application Fee (& Transcript fee for High School Students)
- ____ 3. A copy of Student's Birth Certificate.
- ____ 4. A recent Photograph.
- ____ 5. 1st quarter of service fee, if paying when returning application. Otherwise, send payment when returning testing materials.
- ____ 6. Copy of School Transcript, or sign and return to our office the **Request for Release of School Records Form** and we will send for their school records from our office.
- ____ 7. **Important:** By law, we must have on file the student's up-to-date Health Records - which includes Health Exam Form and Immunization Records recorded on form 680. These should be included in the their school records which we are requesting. However - **For all 7th graders: All 7th graders entering school must now receive a Hepatitis B Vaccine, a second dose of MMR, and tetanus-diphtheria booster. This must be recorded on the new form 680 by a doctor or health clinic. We cannot accept 7th grade students without this original form or a temporary medical exemption from the doctor or health clinic showing you are in the process of completing shots.**

***ALREADY HAVE YOUR
CURRICULUM?***

If coming to us for the first time and you already have your curriculum, we will reduce our fees according to how much curriculum you already have (call for pricing). We prefer that you pay our service fees that include curriculum. We must approve your curriculum choices. **If you have all your curriculum**, our service fee for record keeping only for 1st-8th grades is : \$380.00 (\$95.00 per quarter)
9th-12th grades : \$420.00 (\$105.00 per quarter)

PLEASE BE SURE TO SIGN AGREEMENT !

CENTRAL CHRISTIAN ACADEMY/ PARENT SCHOOL AGREEMENT

I have, to the best of my knowledge and ability answered correctly all parts of Student Enrollment Application.

I understand that my student is not enrolled in a correspondence course and must be supervised during study time by a parent or responsible adult who will not allow cheating, copying, or stealing answers from Answer Keys, Teacher Manuals, Solution Keys, and Test Keys.

I understand that I will be using the approved and prescribed curriculum of Central Christian Academy, and that it is my (parent) responsibility to insure that my student is following procedures correctly and learning the skills and concepts in the curriculum provided.

I further understand that my student may be expelled if Central Christian Academy counselors detect cheating, copying, or stealing answers on any work or tests.

I agree to abide by the rules, procedures, and guidelines set forth in the Central Christian Academy Handbook.

I understand I am expected to pay fees when they are due and such payments will determine when and the amount of curriculum I will receive with each shipment. I understand there is no credit plan or deferred payments. Furthermore, I understand that post dated checks will not be accepted for payment, nor will checks be held by Central Christian Academy beyond date of receipt.

Finally, I am aware that failure to sign this AGREEMENT is sufficient cause for denying enrollment in Central Christian Academy.

(Both Parents must sign, if two Parents)

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

The Application Fee must be sent with the return of this Application along with, at least, the first quarters Service Fee, if no diagnostic testing is needed. If diagnostic testing is needed, we will send you the diagnostic tests upon receipt of this application and the application fee. You must send your Service Fee payment in with or before the diagnostic tests are returned to us.

IMPORTANT: Your child is not enrolled in CCA until your first quarter's Service Fee is paid and your Diagnostic tests are returned, if tested. Diagnostic tests must be returned as soon as possible. Reading Fees must be sent with this Application if ordering the Learning to Read program.

All Curriculum, score keys, teacher manuals, solution keys, and resource books are provided. The final tests, score keys, test keys, teacher manuals, solution keys, and resource books must be returned to C.C.A.. The Service Fee includes maintenance of permanent transcripts, counsel to parents on how to instruct student, and monitoring of student progress.



Mail Application to:

**CENTRAL CHRISTIAN ACADEMY
P.O. Box 1629
Goldenrod, Florida 32733**



CENTRAL CHRISTIAN ACADEMY

P.O. Box 1629, GOLDENROD, FLORIDA 32733

LESLIE RAWLE, SCHOOL DIRECTOR

REQUEST FOR RELEASE OF SCHOOL RECORDS

_____ (Name of School Last Attended)			
_____ (School Address)			
_____ (City)	_____ (State)	_____ (Zip)	_____ (County)
_____ (Student's Name)		_____ (Grade)	_____ (D.O.B.)
_____ (Student's Name)		_____ (Grade)	_____ (D.O.B.)
_____ (Student's Name)		_____ (Grade)	_____ (D.O.B.)

Dear Registrar/Records Clerk:

The student(s) listed above are in the process of enrolling in the program of Central Christian Academy. Please send a complete Academic Transcript including:

- **Grades** • **Grades at time of withdrawal** • **Attendance records**
- **Health/Immunization records** • **Birth certificate** • **Grading system or scale**
- **Standardized test scores** • **Intellectual psychological evaluations**

All such records and information will be held in strict confidence and are for professional use of authorized school personnel only. If the student left during a grading period, please indicate the partial grades earned for that period. If these records are not available at your school, please advise accordingly. Thank you for your cooperation.

Please send the requested material to:

**Central Christian Academy
P.O. Box 1629
Goldenrod, Florida 32733**

Note: According to the final regulations-Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without a written consent for release.

(Parent or Guardian)

(Date)

Thank You,

**Leslie Rawle
School Director**

Phone 407.332.6988

FAX 407.332.4413

E-Mail cca@acces-inc.com