

# Clinton Christian Academy

101 West Northside Drive ~ Clinton, Mississippi 39056 ~ Tel: (601) 910-5990 ~ Fax: (601) 910-5992  
 www.clintonchristianacademy.org

Please complete all blanks. Type or Print legibly.  
 The non-refundable registration fee should be sent with this form.

<b>Applicant Information</b>			
Student Name:	<div style="display: flex; justify-content: space-between; font-size: 8px;"> <span>Last (Family) Name</span> <span>First</span> <span>Middle</span> </div>	Preferred Name:	
Home Address:	<div style="display: flex; justify-content: space-between; font-size: 8px;"> <span>Street or P. O. Box</span> <span>City</span> <span>State</span> <span>Zip Code</span> </div>		
Telephone: (    )	Social Security Number: _____		
Date of Birth: _____	Age: _____	<input type="radio"/> Male <input type="radio"/> Female	
Current Grade: _____	Applying for Grade: _____	Year of Entry: _____	
School Presently Attending: _____			
Religious Preference: _____	Home Church: _____		
Student lives with: (Please check all that apply)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Both Parents
	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Parents divorced/ Separated
	<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Guardian/ Other _____

**Parent/ Guardian Information:**

Father/ Guardian: _____	Mother/ Guardian: _____
Stepmother: _____	Stepfather: _____
Home Address: _____	Home Address: _____
City/ State/ Zip: _____	City/ State/ Zip: _____
Home Telephone: (    ) _____	Home Telephone: (    ) _____
Cell Phone: (    ) _____	Cell Phone: (    ) _____
Fax: (    ) _____	Fax: (    ) _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____
Title: _____	Title: _____
Employer: _____	Employer: _____
Employer Address: _____	Employer Address: _____
City/ State/ Zip: _____	City/ State/ Zip: _____
Employer Telephone: (    ) _____	Employer Telephone: (    ) _____

**Siblings**

Please list the names of your brothers and sisters. Attending or not.

Name	Age	School
Name	Age	School
Name	Age	School

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**Relatives**

Please list the names of any relatives who have or who are attending CCA.

Name	Class or Dates of Attendance	Relationship
Name	Class or Dates of Attendance	Relationship
Name	Class or Dates of Attendance	Relationship

**School Information:**

Current School: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Address \_\_\_\_\_  
 Street City State Zip Code

Current Grade: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Prior Schools: \_\_\_\_\_  
 Name Address Dates Attended

Name Address Dates Attended

Have you ever been suspended or expelled from school? \_\_\_\_\_ If yes, please briefly explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Financial Assistance**

I plan to apply for financial aid  Yes  No. The priority deadline for completing the financial aid application process is March 5.

**Emergency Contact Information**

If parents cannot be reached please list 3 alternate contacts including a doctor.

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

Does the student have any allergies or special medical conditions? \_\_\_\_\_

\_\_\_\_\_

**Special Interests: i.e.: sports, choir, art, cheerleading**

\_\_\_\_\_

\_\_\_\_\_

**Referrals**

Who or what influenced you to apply to CCA? \_\_\_\_\_

\_\_\_\_\_

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**Please provide copies of the following:**

- Birth Certificate
- Social Security Card
- Letter of Recommendation from a teacher, pastor, or principal.
- Immunization form
- Current Photo of Student

I understand that the enrollment process will not be complete until all fees have been paid. I agree to abide by all rules and policies as set forth by the Board of Directors of Clinton Christian Academy. I understand that in the event that I should withdraw my child for any reason before the end of the tuition contract period, I will be required to pay the balance of tuition due for the contract period unless special consideration is given by the board of directors. All registration fees will be nonrefundable. Clinton Christian Academy reserves the right to dismiss any student for activities or reasons deemed harmful to the welfare of the school any time during the year.

\_\_\_\_\_  
Signature of Parent or Guardian  
  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student  
  
\_\_\_\_\_  
Date

**Handbook Agreement**

I have read the 2011-2012 CCA Student Handbook and agree to adhere to the rules and policies of the school.

I am aware that the Handbook can be found online at [www.clintonchristianacademy.org](http://www.clintonchristianacademy.org) or a printed copy can be requested from the school office at anytime.

\_\_\_\_\_  
Signature of Parent or Guardian  
  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student  
  
\_\_\_\_\_  
Date

Please return this form to: Director of Admissions  
Clinton Christian Academy  
101 West Northside Dr.  
Clinton, MS 39056  
Tel: (601) 910-5990  
Fax: (601) 910-5992

**NOTICE OF NONDISCRIMINATORY POLICY TO STUDENTS**

*Clinton Christian Academy admits students of any race, color, national or ethnic origin and the handicapped to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin and the handicapped in administration of its educational policies, financial aid programs, or athletic and other school administered programs.*