

APPLICATION

Cornerstone Christian Academy



Application Procedures

1. Parent(s)/Legal Guardians will complete the **written application form**, submitting it with the **registration fees**.
2. Parent(s)/Legal Guardians will **sign the application** form agreeing to support the content of the Handbook, which includes the Statement of Faith. The content of the Handbook must be discussed with children grades 7-8.
3. A photocopy of the **Birth Certificate** and **Immunization card** will be submitted, if the child has not previously attended school.
4. Families will be contacted regarding a date for an **interview** and **grade level testing**. The interview may be waived for returning families.
5. Upon approval by the Administration Team, **confirmation** will be sent via email, letter or phone call. Registration fees will be returned in full should admittance be denied.

Cornerstone reserves the right to confirm information submitted on the application.

Surname _____
Address _____
Postal Code _____ **Home Telephone** _____
Email _____

Phone: __ *unlisted*
 __ *available for school families*
 __ *unavailable for school families*

Email: __ *available for school families*
 __ *unavailable for school families*

Local Church _____ **Pastor** _____

Briefly describe your family's church attendance/involvement

Parent(s)/Legal Guardian(s)

Father's Name _____
Employer _____
Work Number _____
Cell Number _____

Mother's Name _____
Employer _____
Work Number _____
Cell Number _____

Emergency Contact

Name _____
Address _____

Phone Number _____
Relationship _____

Is there anyone else who you would like to preapprove for pick-up of your child(ren)? If so, who? _____

Registration Fees

Kindergarten Readiness \$50.00 per child (to be deducted from the first month's tuition)
Grades Jk-8 \$250.00 per child early bird discount
\$300.00 per child after June 30th

Total Registration owing: \$_____

Determining Tuition

Kindergarten Readiness

___ Tues. AM ___ Tues. PM ___ Thurs. AM ___ Thurs. PM

Grades Jk-8 (see *Fee Structure* for option descriptions and prices)

Option Selection ___ Plan A ___ Plan B ___ Plan C ___ Plan D

As parents (legal guardians)

- I/We recognize that Christian Education begins in the home and am striving to teach my child(ren) Godly principles.
- I/We have read the Parent Handbook in its entirety and agree to comply with its content.
- I am/We are in agreement with the Statement of Faith presented.
- I/We jointly agree that this is a legal and financially binding contract with Cornerstone Christian Academy.

signature

date

signature

date

Child

Surname _____ Age _____

Given Names _____

Birth Date Day _____ Month _____ Year _____

Expected Grade in September 20__ (Please Circle)

K-Readiness JK SK 1 2 3 4 5 6 7 8

Health Card Number _____

Family Doctor _____ Doctor's Phone # _____

Health Conditions (allergies, medication, etc.) _____

Behavioural/Emotional Development _____

Presently Attending _____ School

Academic Performance _____ Below Average

_____ Average

_____ Above Average

_____ Do not know

Does your child have an I.E.P? Yes___ NO___ (if yes, please attach a copy of most recent I.E.P.)

Child

Surname _____ Age _____

Given Names _____

Birth Date Day _____ Month _____ Year _____

Expected Grade in September 20__ (Please Circle)

K-Readiness JK SK 1 2 3 4 5 6 7 8

Health Card Number _____

Family Doctor _____ Doctor's Phone # _____

Health Conditions (allergies, medication, etc.) _____

Behavioural/Emotional Development _____

Presently Attending _____ School

Academic Performance _____ Below Average

_____ Average

_____ Above Average

_____ Do not know

Does your child have an I.E.P? Yes___ NO___ (if yes, please attach a copy of most recent I.E.P.)

Entrance Criteria
For Office Use Only

Parent(s)/Legal Guardian(s)

- Written Application Form
- Signature on the Statement of Faith / Role in Christian Ed.
- Registration Fee
- Interview Date: _____
- Willingness to participate in school functions
- Agreement to support the content of the Parent Handbook
- Agreement with the grade-level placements
- Birth Certificate
- Immunization Record

Prospective Student

- Testing
 - Name: _____ Grade Level Placement _____
 - Name: _____ Grade Level Placement _____
 - Name: _____ Grade Level Placement _____
 - Name: _____ Grade Level Placement _____
- Serviceable Needs
- Agreement to support the content of the Handbook

Interview Team Recommendation

Interview Team Signatures