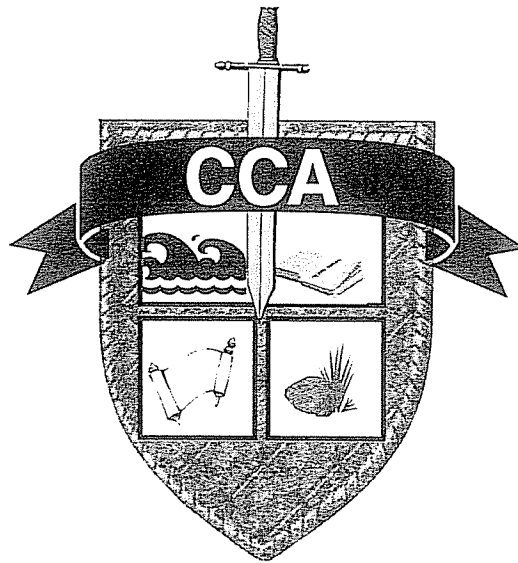


# Cornerstone Christian Academy



## ADMISSION APPLICATION

3850 Frankfort Road • Shelbyville, KY 40065  
Phone: (502)633-4070 • Fax: (502)633-4605  
[www.CCAofKY.org](http://www.CCAofKY.org)

### Mission Statement

Cornerstone Christian Academy will strive to create an environment where students:

*Receive* an excellent education based on God's Word

*Realize* their unique purpose in God's Plan

*Respond* productively to God's Call

Cornerstone Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally made available to students of this school. It does not discriminate on the basis of race, color, or national ethnic origin in the administration of its educational policies, admission policy, scholarship and loan programs, athletic and other school-administered programs

Date Application Received

# ADMISSION APPLICATION

### Cornerstone Christian Academy seeks to join with families who:

- Want a strong Christian education and social environment with moral absolutes
- Have a strong academic background
- Will commit to support their child, the school, the staff, and the school programs
- Will participate and support their evangelical church
- Are committed to support and uphold the school's Statement of Faith and Mission Statement

**Admission to Cornerstone Christian Academy** is a privilege granted to those students who manifest a desire to live and work as Bible-believing, consecrated Christians. The school reserves the right to dismiss any student who, in the opinion of the Administration and Board, does not fit into the spirit of the school, whether or not the student has kept all the rules and regulations of the school.

**Application Fee:** All new students must submit a \$50.00, **non-refundable** processing fee with their application.

**Registration Fee:** All new students must submit a \$200.00 registration fee with their application. The registration fee is only refundable if Cornerstone is unable to find placement for your child.

STUDENT INFORMATION:  Male  Female

Last Name		First Name		Middle Name		Nickname	
Address				City		State Zip	
Home Telephone #		Social Security #		Date of Birth			

Name of Parent(s)/Guardian(s) student lives with:

Name	Relationship	Cell Phone	Work Phone
Name	Relationship	Cell Phone	Work Phone

If student is not living with both parents, please check the applicable reason:

Divorced   
  Separated   
  Father Deceased   
  Mother Deceased   
  Other: \_\_\_\_\_

GRADE APPLYING FOR (Circle one):

Preschool:	K3	K4					
Elementary:	K	1	2	3	4	5	6
Secondary:	7	8	9	10	11	12	

LAST SCHOOL ATTENDED:

School Name		School Phone #		School Fax #	
Address				City State Zip	

**Student's Personal Information and Commitment Form**  
**Grades 6-12 Only**  
(Must be completed by **STUDENT**)

Administrator _____
Principal _____

Student's Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Is it your personal desire to attend Cornerstone Christian Academy?  Yes  No Why? \_\_\_\_\_

What are your plans for your future career? \_\_\_\_\_

Are you planning to go to college?  Yes  No Explain. \_\_\_\_\_

What church do you attend? Church: \_\_\_\_\_

Address: \_\_\_\_\_

How often do you attend?

- Regularly (3-4 Sundays/Month)  Occasionally (once/month)  Rarely (4 times/year)

What church activities do you enjoy and why? \_\_\_\_\_

Please give a brief statement summarizing your belief as it relates to:

Jesus Christ: \_\_\_\_\_

The Bible: \_\_\_\_\_

Have you ever imbibed in alcoholic beverages?  Yes  No If yes, explain: \_\_\_\_\_

Have you ever used marijuana or other illegal drugs?  Yes  No If yes, explain: \_\_\_\_\_

Have you ever smoked?  Yes  No If yes, explain: \_\_\_\_\_

**Student Commitment**

*I understand the spiritual, disciplinary and academic standards of Cornerstone Christian Academy. I understand that my behavior at school and non-school related activities is a testimony to my family, Cornerstone Christian Academy, and to God and His Word. I know that drinking alcoholic beverages, using marijuana and other illegal drugs, smoking, profanity, disrespect for authority or property, improper sexual behavior, and abuse of others are all prohibited, and that disregard for any of these standards will result in disciplinary action, including possible suspension or expulsion.*

*As a student at Cornerstone Christian Academy, I commit to the above disciplinary standards and agree to be held accountable for any violation of these standards.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Guardian Information and Commitment Form

All information **MUST** be completed for ALL students.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Check if Father is alumnus of Living Waters or CCA

Home Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employed by: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  Check if Mother is alumnus of Living Waters or CCA

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employed by: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How did you hear about Cornerstone Christian Academy?

- Advertisement  Phone book  Website  
 Church  Current Family; Name: \_\_\_\_\_  Other: \_\_\_\_\_

### PARENT AGREEMENT & COMMITMENT

- We accept the commission to train up a child in the way he should go (Proverbs 22:6), and affirm that this training will be provided in our home as we place our trust in Cornerstone Christian Academy to partner with our family and church in the training of our child.
- We pledge that we, and our children, will show sincere Christian commitment to faithfully attend church services at a Bible-teaching church regularly.
- We agree to volunteer, as able, to aid the school during field trips and other school activities.
- We acknowledge that we have read the standards of conduct and discipline in the Family Handbook (Section B) and vow to uphold these standards.
- We agree to promote the spirit of unity within the ministry of the school by faithfully following the Matthew 18 principle of conflict resolution.
- We agree to accept the responsibility of obeying the rules and regulations by which the school is operated and to support the Christian principles for which it stands.
- We authorize the school to administer disciplinary measures as may be deemed necessary and proper by the administration (Hebrews 12:5-6).
- Cornerstone Christian Academy has discipline, conduct, and dress codes with which you should become familiar. To summarize, conduct exemplary of developing young Christians is required. Drinking alcoholic beverages, using marijuana or other illegal drugs, smoking, profanity, disrespect for authority or property, improper sexual behavior, and abuse of others are all prohibited. Disregard for these rules will result in disciplinary action, including possible suspension or expulsion. This applies to school, and also to non-school, related social activities where unacceptable behavior would have an adverse effect on the testimony of the school.
- We have read and accept the conditions of this application and certify that all statements provided by us are true.
- Permission to include student and parent names, address and telephone number in a school directory is implied unless notified in writing that permission is denied.
- Permission to use a student's photo for publication and marketing purposes is implied unless notified in writing that permission is denied.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Spiritual Information**  
*To be completed BY PARENTS.*

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Cornerstone Christian Academy believes it is *essential* to student's total development that the family be in *regular church attendance*. To this end, church attendance is required. Please provide the following information about your church and *how often you attend*:

Father's Name: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

	Regularly (3-4 Sundays per month)	Occasionally (once a month)	Rarely (4 times per year)
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


**Statement of Faith**

Each family, having made Jesus Christ the Lord of their lives, shall subscribe in writing to the following **Statement of Faith**:

- † **We Believe** that both the Old and New testaments are the inspired and inerrant Word of God, revealing the three Persons of the Godhead: Father, Son and Holy Spirit.
- † **We Believe** in the incarnation and virgin birth of our Lord and Savior Jesus Christ as true God and true man.
- † **We Believe** that man was created in the image of God, but became separated from God by sin.
- † **We Believe** that man is redeemed by grace through faith in Christ's vicarious atonement for sins, the shedding of His blood on the cross.
- † **We Believe** that the gift of eternal life is available to all men, that those who receive Christ by faith are regenerated by the Holy Spirit and thereby become children of God.
- † **We Believe** in the evangelical and Biblical truths concerning homosexuality, abortion, adultery and fornication.

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

 Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Grades 6-12 only)

**This part is to be filled out by your Pastor, Youth and/or Children's Pastor.**

The parents/guardians and/or the student listed above are regular attendees or members of my church.

Pastor Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Health Record**  
To be completed BY PARENTS.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Father's name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

List any regular medications your child takes and its purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child subject to any of the following? (Check all that apply – If yes, please explain below:)

	Yes	No		Yes	No		Yes	No
Coughs	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Urination	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Colds	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Phobias	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Stress	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Recurring Injury	<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Explain: \_\_\_\_\_

I give permission for Cornerstone Christian Academy to administer the following over-the-counter medications, according to package directions, as deemed necessary (**please initial each item approved and sign below**):

- |                                |                       |                                |
|--------------------------------|-----------------------|--------------------------------|
| _____ All of the Following     | _____ Anti-itch cream | _____ Antibiotic ointment      |
| _____ Acetaminophen (Tylenol)  | _____ Cough drops     | _____ Antihistamine (Benadryl) |
| _____ Ibuprofen (Advil/Motrin) | _____ Antacids        | _____ Artificial tears         |

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contacts**

*(Emergency Contacts are not authorized to pick up your child. See pick-up Authorizations:)*

Name	Relationship to Child	Home Phone	Cell Phone

**Pick-up Authorizations:**

*(Note: Authorized persons should be prepared to show identification. If you wish someone not on this list to pick up your child, you must contact the school.)*

Name	Name