

# CLAREMONT CHRISTIAN ACADEMY

## Enrollment Form and Financial Agreement

The administration of Claremont Christian Academy appreciates the opportunity to educate your child. We are working hard to see that the education given is the best your child can receive. This form and agreement is for students who desire to enroll in Claremont Christian Academy. The enrollment must accompany this application and is non-refundable.

### ENROLLMENT FEE:

If paid by 3/1                      \$75.00 per student or not more than \$100 per family to be included with this form.  
If paid after 3/1                    \$90.00 per student or not more than \$160 per family to be included with this form.

**Tuition is for one school year, September to June. The first tuition bill will be sent out at the beginning of August for the upcoming Academy term. For your convenience in meeting your financial obligations, tuition may be divided into ten installments, with payment due on the fifteenth of each month beginning with the August payment.** Please indicate your payment preference below:

- I will pay my tuition in full (on or before August 1) and dedicate 8 hours of volunteer service to CCA this school year.
- I will pay monthly (on or before 15<sup>th</sup>) and dedicate 8 hours of volunteer service to CCA this school year.
- I will pay my tuition in full (on or before August 1)
- I will pay monthly (on or before 15<sup>th</sup>) + \$250.00 to opt out of volunteer service hours this school year.

\*\*\*\*\*

I hereby pledge to pay my financial obligations to the Academy on the date due and understand that a late fee of \$15.00 will be assessed for any school account showing a balance of ten dollars or more, when payment has not been made by the 15<sup>th</sup> of the month. I also understand that a \$15.00 charge will be made for any returned checks.

I give permission for my child to take part in all school activities including sports and school-sponsored trips away from the school premises and absolve the school from liability to me or to my child because of any injury to my child at school or during any school activity.

I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Trinity and the Word of God, or disrespect to the personnel of the school.

I understand that students may not be allowed to re-enroll in the school until all accounts are current.

I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline.

Students will not be allowed to graduate until all accounts are paid.

By signing this form you are granting Claremont Christian Academy permission to use your child's photograph for publicity purposes.

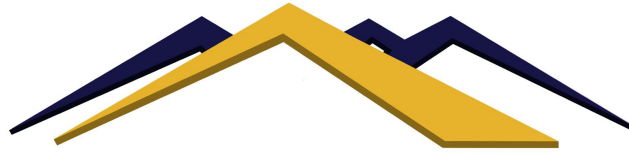
I HAVE READ THIS FORM AND AGREE TO ADHERE TO IT. I UNDERSTAND THAT IF I WITHDRAW MY CHILD FROM THE ACADEMY, I AM EXPECTED TO PAY THE REMAINDER OF THAT YEAR'S TUITION AS WELL AS ANY OTHER FEES.

Students being enrolled: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Father's signature                      Date              Mother's Signature                      Date

**Payment of enrollment fee must accompany this form in order to secure enrollment. Thank you.**





# Claremont Christian Academy APPLICATION

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ of application.

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                    First          Middle          Last                    Age: \_\_\_\_\_ Sex: M / F

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                    First          Middle          Last                    Age: \_\_\_\_\_ Sex: M / F

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                    First          Middle          Last                    Age: \_\_\_\_\_ Sex: M / F

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                    First          Middle          Last                    Age: \_\_\_\_\_ Sex: M / F

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

Mailing Address (if different): \_\_\_\_\_

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

Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Business Phone : (     ) \_\_\_\_\_ - \_\_\_\_\_ x

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

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Business Phone : (     ) \_\_\_\_\_ - \_\_\_\_\_ x

Marital Status: Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Single: \_\_\_\_\_ Widow/er: \_\_\_\_\_

Other Caregiver(s) Information:

\_\_\_\_\_

\_\_\_\_\_

Children in family not attending CCA: (names and ages)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**STUDENT INFORMATION**  
(FILL OUT ONE PER STUDENT)

Student Name: \_\_\_\_\_  
Last School Attended: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_  
What has been the applicant's previous academic level:  
Excellent: \_\_\_\_\_ Good: \_\_\_\_\_ Fair: \_\_\_\_\_ Poor: \_\_\_\_\_

Has the applicant been diagnosed with a learning disability or special needs? If yes, please explain (and include medical report):

---

---

---

---

---

---

Are there any issues you want to make us aware of? Please explain:

---

---

---

---

---

---

(Applicants 7th grade or above only)

**Student**, please explain why you want to be a member of the student body of Claremont Christian Academy.

---

---

---

---

---

---

If more space is needed, please use additional paper.

**Student**, What are your beliefs regarding the Bible, God and Jesus Christ?

---

---

---

---

---

---

---

---

If more space is needed, please use additional paper.