



EXCEL

CHRISTIAN ACADEMY

325 Old Mill Road • Cartersville, Georgia 30120
(770) 382-9488 • (770) 606-9884 Fax

A Ministry of The Church at Liberty Square

STUDENT AND FAMILY APPLICATION

Student's Name _____
Upcoming Grade _____ School Year _____

*"Train up a child in the way he should go, and when he is old
he will not depart from it."* Proverbs 22:6

Excel Christian Academy welcomes and accepts qualified students of any race, color, nationality or ethnic origin, and does not discriminate in its admissions or administration practices.



APPLICATION FOR ADMISSION

OFFICE USE ONLY

Reg. Fee _____
 Book Fee _____
 Activity Fee _____
 Tuition Rate _____
 Transcripts _____
 1/2 Kindergarten _____

Today's Date _____ Applying for 20__ - 20__ School Year

APPLYING FOR (CIRCLE GRADE): K 1 2 3 4 5 6 7 8 9 10 11 12

Please check here _____ if applying for 1/2 day kindergarten.

STUDENT INFORMATION

Student's Full Name _____ Current Grade _____

Name Student Uses _____ Date of Birth _____ Age _____

Place of Birth _____ Sex: M or F Student's Social Security Number _____

Student's Address, if different from custodial parent _____

City _____ State _____ Zip _____ Home Phone (_____) _____

E-mail _____ Cell Phone _____

Caucasian _____ Hispanic _____ Black _____ Asian _____ Indian _____ Other _____

Has this student ever attended Excel Christian Academy before? ___ No ___ Yes If Yes, when? _____

For what school system is your residence districted, making your student legally bound to attend if not at Excel? Circle One: (e.g. Cartersville City/Bartow County, etc.) _____

All correspondence about this student will be sent to the custodial parent's or student's address. If you prefer that another address be used or wish for a non-custodial parent to receive correspondence, please send a message in writing.

PARENT(S) WITH WHOM CHILD LIVES

Student's mother and father are: _____ Married and living together _____ Separated _____ Divorced
 _____ Other (Explain) _____

If separated or divorced, who has legal custody? _____

Are there any special circumstances the school should be aware of? _____

FATHER

MOTHER

Father's Name _____ Mother's Name _____

Address _____ Address _____

City _____ State _____ City _____ State _____

Zip _____ Home Phone _____ Zip _____ Home Phone _____

Cell Phone _____ Cell Phone _____

E-mail Address _____ E-mail Address _____

Occupation _____ Occupation _____

Name of Firm _____ Name of Firm _____

Business Address _____ Business Address _____

City _____ State _____ City _____ State _____

Zip _____ Work Phone _____ Zip _____ Work Phone _____

Church Affiliation (Name) _____ Church Affiliation (Name) _____

Address _____ Address _____

Member? _____ No ___ Yes Member? _____ No ___ Yes

EDUCATIONAL BACKGROUND INFORMATION

Name and address of school(s) student has attended:

Current School	City	State	Attended:	From	To	Grades
Previous School	City	State	Attended:	From	To	Grades

Has this student ever repeated or been held back in any grade? No Yes
If Yes, give the name of the school and details _____

Has this student ever been evaluated or referred for evaluation for learning difficulties, behavioral disorder, or school adjustment problems by a school official, psychologist, or other professional? No Yes
Please give details or attach a copy of the evaluation. _____

(NOTE: Excel may be unable to admit students with learning difficulties or behavioral disorders due to lack of staffing in that area.)
Is your child served or has he/she been recommended to be served by an IEP, EIP, 504, or SST?

What level of academic performance do you feel this student has achieved in the last year or so?
 High Above Average Average Below Average

In your opinion, at what level of academic performance do you feel this student should be achieving?
 High Above Average Average Below Average

Please explain your reasons for feeling as you do on the above two questions. Explain any difference between your ratings on the two questions. _____

Has your child ever been suspended or expelled from school? Yes No If yes, please explain. _____

Why do you want your child to attend Excel Christian Academy and what expectations do you have? _____

What specific things must occur for you to feel your expectations of your child and the school have been met? _____

STUDENT REFERENCES (Past Teacher, Guidance Counselor, Principal)

1. _____
Name Address Phone

2. _____
Name Address Phone

3. _____
Name Address Phone

HEALTH & MEDICAL INFORMATION

Name two local persons (other than parents) who will usually know where to reach you or whom you trust and give permission to make decisions for you regarding this student in the event of an emergency.

Name _____ Name _____
Phone _____ Phone _____

List medications to which the student is allergic; allergies the student has; chronic conditions or considerations of which the school staff should be aware; or any physical, mental, or emotional conditions which would limit his/her participation in any/all activities at Excel Christian Academy: _____

Date of student's last: Physical Exam _____ Eye Exam _____ Hearing Test _____

*I give my child permission to participate in school field trips and hereby authorize the school or its agent to act for me in seeking and securing medical attention and treatment for the student named herein, should the need arise.
(Both Parents or Guardians must sign).*

Signature of Father _____ Date _____
Signature of Mother _____ Date _____

NOTE: Student's immunization form must be updated on a Georgia form before entering our school.

OTHER INFORMATION

In what extracurricular activities would student be interested? _____
Do you consider your home a Christian home? _____

Which most accurately describes your church attendance:
_____ a. Active in church _____ c. The children attend Sunday School
_____ b. Attend occasionally _____ d. Do not attend more than a few times a year

(Step)brothers and/or (step)sisters of this student:
Name _____ Age _____ Gr _____ School Attending _____
Name _____ Age _____ Gr _____ School Attending _____
Name _____ Age _____ Gr _____ School Attending _____

If you have other children of school age who will not be enrolling at Excel Christian Academy, please explain the reasons.

PARENTS CONTRACTUAL AGREEMENT
By signing below, we the parents or guardians of this student contractually agree with Excel Christian Academy to be responsibly obligated for paying all fees and tuition for the entire school year promptly. We have given completely truthful information and will support and abide by the policies and agreements in the Student Handbook. **All tuition and fees are non-refundable.**
Father's Signature _____ Date _____
Mother's Signature _____ Date _____