

# Community Christian Academy

4706 Park Center Avenue NE, Lacey, WA 98516

Phone: 360-493-2223 Fax: 360-412-0910

Email: [cca@foundationcampus.org](mailto:cca@foundationcampus.org)

Website: [www.nwchristianschools.org](http://www.nwchristianschools.org)

## New Student Application 5th – 8th Grade

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Dear Parents of Prospective Students:

The purpose of Community Christian Academy is to provide a wholesome environment and a Christian atmosphere that is conducive to learning. We are providing this check list to facilitate your completion of all the forms necessary for your child's enrollment.

### ALL New Students (K-8th)

Completed Enrollment Form—Signed and filled out on all sides before being processed

- Registration Fee \$ 325.00 — **(Must accompany Enrollment Form)**
- Completed Washington State Certificate of Immunization Status
  - **(Must be completed and returned by all New Students)**
- Copy of Birth Certificate
- Signed Technology Policy Statement
- Academic Entrance Test and Fee \$50.00 (*Testing is scheduled Late Spring & Summer*)

In addition, Students 5th—8th need to provide:

- A copy of student's most recent academic records/report card
- A copy of student's most recent achievement test
- Transcript Request Form
- Personal Letter of Recommendation - *5th—8th Grade Students Only*
- Interview with the Principal - *Grades 5th—8th Students only*

***Additional forms will be mailed out mid-summer and need to be returned prior to the first day of school. An interview with parents may be required before final admission. Registration Fee is non-refundable, except in the cases where CCA is unable to accept your child (i.e. space unavailable).***

### Non-Discrimination Policy

Northwest Christian Private Schools, also known as Community Christian Academy and Northwest Christian High School, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to its students. The school does not discriminate on the basis of race in administration of its educational policies, admissions policies, scholarship and grant programs, and athletic and other school administered programs.

## CCA Mission Statement

To prepare students to impact their world for Christ by:

*Equipping*

them with sound education, by

*Empowering*

them with a Biblical Worldview, and by

*Inspiring*

them through Godly leadership



**STUDENT INFORMATION**

Grade applying for: \_\_\_\_\_ Planned entry date: \_\_\_\_\_ Application Date: \_\_\_\_\_

Student Legal Name: \_\_\_\_\_  
Last First Middle

Student Address: \_\_\_\_\_  
House Number and Street Address  
\_\_\_\_\_  
City State Zip Code

Student Mailing Address: \_\_\_\_\_  
(IF DIFFERENT) PO Box and/or House Number and Street Address  
\_\_\_\_\_  
City State Zip Code

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_M\_\_\_F

Ethnicity/Race: White Black /African American Hispanic/Latino Asian American Indian/Alaskan Native Pacific Islander/Native Hawaiian  
(Please circle — more than one may be circled)

Last School attended: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

**To help us serve your child better please complete the following:**

List any major areas of difficulty your child has had in school: \_\_\_\_\_

Is student on a current IEP and/or 504 Plan? (please attach a copy) \_\_\_\_\_ No \_\_\_\_\_ Yes

Please list any academic needs and/or learning disabilities or issues we should know about.

Has your child been involved in any disciplinary actions at school? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, please explain: \_\_\_\_\_

*You may use a separate sheet of paper if necessary.*

**PARENT/GUARDIAN INFORMATION**

Father/Guardian: \_\_\_\_\_  
Circle One Last First Middle Initial

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
If Different from Student

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_  
Circle One Last First Middle Initial

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
If Different from Student

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parents' Marital Status:** Married Widowed Separated Divorced Single Remarried  
*Circle One*

**List Stepparents if Applicable:** \_\_\_\_\_

**Student Lives With:** Mom Dad Both Guardian  
*Circle One*

**Mail to:** Mom Dad Both Guardian  
*Circle One*

*In the case of divorce, who has legal custody of the child?* \_\_\_\_\_

*\* Please note: The school office needs to be notified as to any restrictions regarding the student. Copies of Court documentation may be required.*

**FAMILY INFORMATION**

List below all siblings:

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

**Church Affiliation**

Name of Church attending: \_\_\_\_\_ City, State \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Church Phone: \_\_\_\_\_

Youth Pastor/Youth Director's Name: \_\_\_\_\_

*We welcome grandparents at Community Christian Academy! Our grandparents' names will be added to our mailing lists and they are encouraged to be involved members of the CCA family.*

**Maternal Grandparents**

Names: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
House Number and Street Address City State Zip Code

**Paternal Grandparents**

Names: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
House Number and Street Address City State Zip Code

**OTHER INFORMATION**

How did you hear about Community Christian Academy? \_\_\_\_\_

What are the primary reasons for seeking to enroll your child at Community Christian Academy? \_\_\_\_\_

Is there any additional information you would like to share about your child? \_\_\_\_\_

# 2017 -2018 Community Christian Academy Parent Commitment to:

## Academic Standard

I agree to uphold and support the high academic standard of the school by providing a place at home for my child to study and by giving my child encouragement to complete any homework or assignments.

## Student Participation

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

## Standard of Conduct

I appreciate and uphold the standards of the school and do not tolerate profanity/obscenity in word or action, dishonor to God and the Word of God, or disrespect to the personnel of the school. I hereby agree to support CCA's Mission Statement, Statement of Faith and all regulations of the school. I authorize this school to employ discipline, as it deems wise and expedient for the training of my child. I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

## Student Photo Release Statement

I hereby give Community Christian Academy or Northwest Christian High School all rights of every kind and character whatsoever in and to all work, poses, acts, plays and appearances made by my child for the pamphlets, videotape and/or program, as well as in and to the right to use my child's photographs, either still or moving, for commercial and advertising purposes in connection therewith. I further give the right to reproduce in any manner whatsoever any recordings made by my child's voice and all instrumental, musical, or other sound effects produced by my child.

Includes, but not limited to: Promotional Video, School promotional pamphlet, Video-Taped School Activities, or use on school website. **Please initial below if you DO NOT wish your child's photograph or voice to be used in promotional items.**

\_\_\_\_\_ I/We **DO NOT** wish my/our child's photograph or voice to be used in promotional items for Community Christian Academy/Northwest Christian High School or Northwest Christian Private Schools.

## Family Stewardship Agreement

- ◇ Each family is responsible for either 20 hours of documented volunteer hours per school year or may choose to pay a lump sum of \$200.00. (\$10.00/hr.)
- ◇ **The Stewardship year for the 2017 - 2018 school year will start after May 16, 2017, and run through May 15, 2018.** This allows families to volunteer time during the summer.
- ◇ Stewardship hours will be invoiced in May. All volunteer hours turned into the office by May 15<sup>th</sup> will be credited from the total amount prior to this billing. Any hours turned in after May 15<sup>th</sup> may be held until the next school year.

## FINANCIAL RESPONSIBILITY:

I/We hereby commit to pay all financial obligations to the school on or before the first of each month. I/We understand that:

- ◇ Registration fees are **not** refundable.
- ◇ There will be a replacement cost charged for all lost and/or damaged textbooks.
- ◇ Technology fee (for new families) is payable with the **first** tuition payment. This is a one-time fee.
- ◇ All payments are due and payable on the 1st of each month.
- ◇ Payments made after the 5th of the month will have a \$25.00 late fee charged.
- ◇ There is a \$35.00 fee for returned checks.
- ◇ Field trip fees are due with or before the **first** tuition payment.
- ◇ **My child may be withdrawn on the first of the month if the previous month's financial obligations have not been met and if arrangements have not been made with the administration.**
- ◇ I have read the Family Stewardship Agreement, understand it and agree to comply with it.
- ◇ The School lunch program is **prepaid and ordered by the monthly deadline.**
- ◇ LATE PICK UP FEE—I realize when I do not pick up my child by 6:00 pm a late fee will be incurred as detailed in the Parent/Student Handbook.

\_\_\_\_\_  
Signature Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Mother/Guardian

\_\_\_\_\_  
Date

You will **not** receive a monthly bill unless we have not received your payment by the 5th of each month, at which time a late fee of \$ 25.00 will be assessed.

## **Please indicate your payment preference:**

- \_\_\_\_\_ 9 monthly payments, **1st payment due on or before August 1st of the school year.** Subsequent payments are due on the 1st of each month.
- \_\_\_\_\_ 10 monthly payments, **1st payment due on or before August 1st of the school year.** Subsequent payments are due on the 1st of each month.
- \_\_\_\_\_ Payment in full **on or before August 1st of the school year.** (**Payment in full on or before June 30th, 2017 receives 3% discount**)

## **Before & After School Care**

We will need: Before School Care \_\_\_\_\_ After School Care \_\_\_\_\_ Both \_\_\_\_\_ None \_\_\_\_\_

\_\_\_\_\_ Prepaid monthly extended care fee due with the tuition payment on the first of each month.

\_\_\_\_\_ Hourly extended care fees will be billed at the end of the month and due upon receipt.

### **SCHOOL TECHNOLOGY POLICY**

Every student (and parent who desires their child to have access to school technology) must comply with the following rules of access:

- Nothing done on a school computer shall be considered private. School officials are authorized to access any student's material at any time;
- Students will only access the internet from a computer when a teacher is available to monitor the students' activities;
- The school has the right and ability to recall all sites accessed by the students;
- The school shall maintain site-blocking software to block and filter out inappropriate sites;
- No student shall:
  - \* Attempt to bypass any site-blocking hardware or software;
  - \* Access anything contrary to the Statement of Faith, Mission, Vision, and/or Core Values of Community Christian Academy, (including but not limited to anything: sexually inappropriate or suggestive in nature, blatantly offensive, ungodly material, lewd or obscene language);
  - \* Send and/or receive messages to/from other internet sites without teacher supervision and/or authorization;
  - \* Use another person's password;
  - \* Trespass into another person's folders or files;
  - \* Violate copyright laws;
  - \* Buy or sell anything via the internet;
  - \* Change any of the computers' set-ups or settings.

### **PERSONAL TECHNOLOGY POLICY (Personal Cell Phones & Other Devices)**

Students will face disciplinary action for texting, posting, sending, receiving, forwarding, or participating in any of the following areas ON OR OFF CAMPUS via a cell phone, computer, or any other electronic device. These areas are:

- Information containing blasphemy: Irreverence for God, Jesus Christ, and those things held to be holy by the Word of God, direct contradiction of Community Christian Academy's Statement of Faith, Mission, Vision, and/or Core Values.
- Inappropriate language: Obscenities, profanities, vulgarities, or lewd comments.
- Harassing statements: Personal attacks such as discriminatory, inflammatory, threatening, or disrespectful language. Knowingly false or defamatory statements.
- Sexually explicit or suggestive messages, photos, or images (sexting): Sending, receiving, sharing, possessing, or intentionally viewing pictures, text messages, or e-mails that contain a sexual message or image. Violation of this policy may result in expulsion. Appropriate local, state, and federal laws will be followed and law enforcement will be contacted if warranted.

Note: Students must promptly report any such known activities to a teacher or a school administrator.

### **PERSONAL ELECTRONIC ITEMS**

Electronic items such as games, Ipods, cameras etc. are not allowed at school. If your child needs to bring such an item for the purpose of using it after leaving campus, they may check the item in to the office for safekeeping until leaving at the end of the day. CCA is not responsible for such items being lost, damaged or stolen if the child does not follow this policy. Violating these rules will result in the forfeiture of the electronic item to the office until a parent is able to pick it up.

### **PERSONAL CELLULAR DEVICE USAGE POLICY**

We encourage students to not bring cell phones and other such devices (smartwatches capable of texting, calling, etc.) to campus. Our land lines at school are available for students to call parents if needed as well as for parents to call and leave messages for their child or to speak with their child if desired. If a student does bring a cell phone to campus, the following rules apply:

For a student to have a **cellular device** on campus, parent authorization must be on file in the office (form must be completed each new year). All students who bring a **cellular device** onto campus must hand it to the home room teacher upon entering the classroom. The teacher will keep the device in a safe place until the end of the school day at 3:00pm

at which time the student will receive the device back from the teacher. In before and after school these devices are **only allowed to be used with permission from a school staff member** (administrator, faculty, office staff, extended care, or coach) and are otherwise to be kept with the teacher, off and not used. On field trips, at the teacher's discretion, these devices will either be collected by the teacher at the beginning of the field trip, or students will be allowed to keep their devices in their pocket in the *off* mode.

**Violations of this policy could include but are not limited to:**

- The parent being called to pick up the **device** from the school office
- The student not being allowed to have a **cellular device** on campus
- For continued violations, the student could receive a detention or suspension

Copies of these policies are available from the Community Christian Academy office and on our website [www.olympiachristianschool.org](http://www.olympiachristianschool.org). Please note that any updates or additions to the policies will be a sent home in the Monday folders, emailed and posted on our website.

**Parent and Student must complete the form below and return it to the CCA office with your Enrollment paperwork.**

**Community Christian Academy "PARENTAL AUTHORIZATION FORM"**

Student Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Student Cell Phone No. \_\_\_\_\_

Student Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Student Cell Phone No. \_\_\_\_\_

Student Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Student Cell Phone No. \_\_\_\_\_

**Please check one of the options below for cell phone usage:**

\_\_\_\_\_ My student(s) **will not** be bringing a cell phone to campus but I have read and understand the CCA cell phone policy.

\_\_\_\_\_ My student(s) \_\_\_\_\_ have my permission to bring his/her cell phone to campus provided that he/she follows the school policies and guidelines expressed above. My child and I have read and understand the CCA cell phone policy and we are willing to abide by it.

**Please check below for Internet usage: (check only one)**

\_\_\_\_\_ My student(s) have my permission to use the school's internet connection under the terms of this policy. I agree that if my child should violate this policy (including purchasing anything on the internet) I shall not hold the school liable. I understand that violation of this policy will result in my child losing access to school technology and being subject to appropriate disciplinary action.

\_\_\_\_\_ STUDENT'S PRINTED NAME(s) \_\_\_\_\_ **does not** have permission to use the school's internet connection under the terms of this policy.

**Signature of Parent/Guardian:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Complete below for Grades 4<sup>th</sup> - 8<sup>th</sup>**

I, (STUDENT'S NAME) agree to abide by the above policies. I understand that if I violate them, I shall immediately lose access to school technology services as well as be subject to other appropriate discipline.

Student's Signature: \_\_\_\_\_ **DATE:** \_\_\_\_\_

Student's Signature: \_\_\_\_\_ **DATE:** \_\_\_\_\_

Student's Signature: \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Please sign & return this form to the CCA office. Form must be signed & submitted every year.*

**Personal Reference Form required for students entering the 5th - 8th Grades**

**Community Christian Academy**  
4706 Park Center Ave NE, Lacey, WA 98516 Fax (360) 412-0910  
Phone (360) 493-2223 E-mail: [cca@foundationcampus.org](mailto:cca@foundationcampus.org)  
[www.NWChristianSchools.org](http://www.NWChristianSchools.org)

**To the Parent/Guardian:** A personal reference form is required for all students seeking enrollment for 5<sup>th</sup> – 8<sup>th</sup> grades at Community Christian Academy. Please have a Pastor, Youth Leader, Sunday school teacher, Principal or Teacher from your current school complete this form and mail to: Community Christian Academy, Attn. Registrar, 4706 Park Center Ave NE, Lacey WA 98516, in a stamped/addressed envelope that you provide.

**Student Name:** \_\_\_\_\_ **Present Grade:** \_\_\_\_\_

**I/We hereby give permission to release information on this form to the school to which we are applying for admission. I/We understand that as parents we will not have access to this confidential information.**

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

**To the Reference:** The student above is a candidate for admissions to Community Christian Academy. This recommendation is vital to our process. Your comments and evaluation are used for admissions purposes only. Please answer all questions. If the answer is not applicable, then please state so. We realize that completing this form is not part of your official duties. We are therefore particularly grateful for your time and attention. If you have any questions about this form please call the Registrar at 360-493-2223 ext. 209. Thank you.

1. How long have you known the applicant? \_\_\_\_\_

2. List the student's character and personality strengths. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Are there character or personality weaknesses? Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. How long has the family attended your church (or School)? \_\_\_\_\_

5. In what capacity do you know the applicant? \_\_\_\_\_

6. Describe the applicant's attendance. Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Irregular \_\_\_\_\_

7. Has the applicant made a personal commitment to Jesus? Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

Comments: \_\_\_\_\_

8. Has there been evidence of Christian growth? Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

Comments \_\_\_\_\_

9. Are members of the family active in the work and ministries of the church? Explain

\_\_\_\_\_

\_\_\_\_\_

Please evaluate the student below:

	Excellent	Good	Poor	Unknown
Respect for others				
Exhibits self-control				
Follows directions				
Is obedient to authority				
Accepts criticism				
Shows an attitude of Christian Love				
Is interested in spiritual things				

Additional comments that are important in the consideration of the applicant.

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Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Occupation or Position: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please mail this form directly to:  
Community Christian Academy, Attn. Registrar  
4706 Park Center Ave NE, Lacey WA 98516.  
Thank you again for your time.**

**CONFIDENTIAL**



# Community Christian Academy

## REQUEST FOR TRANSFER OF STUDENT EDUCATIONAL, HEALTH AND CONFIDENTIAL RECORDS

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PREVIOUS SCHOOL: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

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

**PLEASE FORWARD or FAX THE ABOVE REQUESTED RECORDS TO:**

PLEASE SEND RECORDS TO:

**Attn. Michelle Ruffier, Registrar  
Community Christian Academy  
4706 Park Center Ave NE  
Lacey WA 98516  
cca@foundationcampus.org**

