



COMMUNITY CHRISTIAN ACADEMY

Dear Parents,

Welcome and thank you for your consideration in partnering with Community Christian Academy in the education of your child. We understand the importance and weight of the decision to educate your child with a Christian worldview. Community Christian Academy was established in 1979, our Mission Statement clearly defines our purpose: “The Mission of Community Christian Academy is to partner with Christian parents in educating their children to think and live with a biblical life view, discipling them in love and truth towards Christlikeness, and a lifelong passion for glorifying God.”

Please read through all the attached information. For us to decide on your student's eligibility for enrollment, you will need to submit all necessary documents listed below. Once received, we will review the information and schedule a time to meet for the admittance interview.

Step 1 - Documents Needed

- Completed Student Application
- Student Recommendation Form (3rd-12th Grades)
- Birth certificate
- School Physical (form DH3040)
- Immunization Records (680 form) or religious exemption
- Transcripts / most recent report card
- Most recent IEP or 504 Documentation (If applicable)
- Most recent Psycho-Educational Evaluation (If applicable)
- Non-refundable Application Fee (\$150)

Step 2 – Placement Testing

- Placement testing will be scheduled through the Guidance Counselor after all required documents have been received and the application fee paid.

Step 3 – Admission Review

- Placement testing results reviewed by Administration
- Parent & Student interview with Administrator
- Student Acceptance or Non-Acceptance

I look forward to meeting you and the possibility of partnering with you in the coming school year.

In his service,

Zach Sammons
Administrator
Community Christian Academy



Community Christian Academy 2024-2025 Enrollment Application

Phone: (772) 288-7227 | Address: 777 SE Salerno Rd. Stuart, FL 34997 | Email: office@ccacougars.net

Accredited by Florida Association of Christian Colleges Inc.

STUDENT INFORMATION

Date _____

Name _____
First Middle Last

Student's country of citizenship _____ Male Female Birth Date _____
MM/DD/YYYY

Previous School _____

Previous School Address _____
Street City State Zip

Entering grade level _____

#1 PARENT/GUARDIAN INFO: (where student lives) (Mother/Father/Guardian - Circle One)

(Mr./Mrs./Ms.) First Name _____ Middle _____ Last Name _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work Phone _____

Date of Birth _____ Email _____

Occupation _____ Employer's Name _____

#2 PARENT/GUARDIAN INFO: (Mother/Father/Guardian - Circle One)

(Mr./Mrs./Ms.) First Name _____ Middle _____ Last Name _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work Phone _____

Date of Birth _____ Email _____

Occupation _____ Employer's Name _____



Student Name: _____	
Grade: _____	School Use Only

EMERGENCY CONTACT INFORMATION

Parent/Guardian's Name: _____ Number: _____

Parent/Guardian's Name: _____ Number: _____

List two people to contact if parents/guardians cannot be reached:

Name _____	Name _____
Relationship _____	Relationship _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____

The following **have permission** to pick up my child in my absence _____

The following **do not have permission** to pick up my child in my absence _____

Please provide the following medical information:

Your child will only be given medication provided by the parent(s). The medication will be kept in the school office and dispensed as indicated by the parent(s).

Allergies _____

Medications Being Taken _____

Physical Limitations _____

_____ **I do** or _____ **I do not** authorize Community Christian Academy to administer first aid, take my child to the hospital for treatment, or call 911.

PARENTAL CONSENT

I, _____, do hereby give permission for my child to attend and participate in activities sponsored by Community Christian Academy.

My child may ride in transportation approved by Community Christian Academy.

I authorize an adult representative of Community Christian Academy to consent to any and all medical and hospital care and treatment as deemed necessary for the health and well-being of my child by a duly licensed physician selected by the said adult representative. I understand that I shall be fully responsible for, and agree to pay for, all costs and expenses incurred in connection with such medical services rendered to my child according to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, I also agree to assume all transportation costs.

I state that the information on this form is correct. I agree to assume the risk of, and release Community Christian Academy, its staff and representative, from any and all injury and liability arising out of or relating to the activities conducted or sponsored by Community Christian Academy.

_____ **Parent Signature** _____ **Date** _____

It is required of CCA in our accreditation process to annually complete an ethnicity report. We need your help by marking the appropriate entry for your student. **For recording purposes, please check only one entry.**

African American
 Asian
 American Indian or Alaskan Native.
 Caucasian
 Arabic
 Hispanic
 Pacific Islander



Student Name: _____

Grade: _____

School Use Only

PARENT QUESTIONNAIRE

This portion is to be completed by the applicant's Parents. Please answer the following questions thoroughly.

Children diagnosed with a learning disability will be required to meet the same academic standards as all the other children in their grade level, excluding those a part of our Autism Program. All students will receive as much individual instruction and encouragement as their classmates.

Has your child ever been referred for testing or placed in a program for learning disabilities? Yes No

If yes, please describe the situation and its current status. _____

Has your child ever seen anyone for any social, behavioral, or mental problems? Yes No

If yes, please describe the situation and its current status. _____

Do you suspect that your child has a learning disability, hyperactivity, ADHD, or ADD? Yes No

Has your child ever been involved with legal problems or arrested? Yes No

Does the applicant have a parent/guardian that lives at another address? Yes No

Does the applicant have any siblings? Yes No

Does the applicant have any other relatives attending, have attended, or graduated from CCA? Yes No

What are your top two reasons for wanting your child to attend Community Christian Academy? _____

Have you read the school handbook? (The handbook is found online at www.ccacougars.net) Yes No

Do you agree to have your children taught in accordance with the school handbook? Yes No

Do you have questions about any of the following curriculum or policies? If yes, what are they? Yes No

If there are any points of philosophy or school policy that are inconsistent with your goals for your family, please explain briefly. _____



Student Name: _____

Grade: _____

School Use Only

Briefly provide your family's position on the definition of marriage. _____

Briefly provide your family's position on gender. _____

Briefly provide your family's position on abortion. _____

Should a grade of "C" be a cause of praise if a student is working to the best of their potential? Why or why not? _____

What concerns, if any, do you have about your child attending Community Christian Academy? _____

Do you know any families who attend Community Christian Academy?

Yes No

If yes, who? _____

Do you attend Church?

Yes No

Church Name: _____ How Long: _____

Name of Pastor: _____

STUDENT QUESTIONNAIRE

This portion is to be completed by the applicant. (Parents may help elementary applicant complete questions as necessary) Please answer the following questions thoroughly. Thank you for your honesty. Your response will give us the opportunity to know you better.

List the academic subject(s) of greatest interest to you: _____

List the academic subject(s) of least interest to you. _____



Student Name: _____

Grade: _____

School Use Only

Name two books you have enjoyed reading in the last year. Why do you like them? _____

List your two favorite movies. Why are they your favorite? _____

How many hours per week do you normally spend doing the following?

Watching TV, movies, YouTube, etc.: _____

Reading: _____

Homework: _____

Social Media: _____

Gaming: _____

Have you ever been dismissed from a school? *(If yes, explain what school and reason)*

Yes No

Have you ever been assigned detention or a suspension: *(If yes, explain what school and reason)*

Yes No

Have you ever consumed alcohol, used illegal drugs or tobacco, including vaping devices? *(If yes, explain)*

Yes No

Have you ever been in a physical altercation? *(If yes, explain)*

Yes No

What types of activities interest you? Be sure to include sports, clubs, hobbies, religious, and social activities. _____



Student Name: _____

Grade: _____

School Use Only

Why would you like to attend Community Christian Academy? _____

I have read the student/parent handbook, and I agree with it and commit to abide by it. (The handbook is found online at

www.ccacougars.net)

Yes No

What concerns do you have about attending Community Christian Academy? _____

Are you a Christian? What does that mean? _____

Some parents and teens believe that junior high and high school is the time to begin pursuing romantic relationships.

What is your thoughts on this? _____

Do you have a personal web page or blog (i.e., Facebook, Instagram, TikTok, etc.)? _____

Yes No

If so, please provide contact information. _____

Do you understand that willful disobedience of the covenant principles and the student/parent handbook guidelines may

result in dismissal from Community Christian Academy?

Yes No



Student Name: _____

Grade: _____

School Use Only

SCHOOL COVENANT AGREEMENT

Parents

Our greatest desire is that the students of CCA are confronted with the Gospel and come to follow the Lord Jesus Christ. To function harmoniously and provide a Christ-exalting experience in excellent academics, we ask that parent/guardian Initial below indicating that they understand and agree to the following:

Initials

- To support CCA's educational philosophy, objectives, standards of conduct, and the principles of the Statement of Faith in public spheres and in the presence of students (please refer to the CCA's Handbook for detailed explanation).
- To encourage students to engage fully in CCA's activities, to monitor their progress in assignments, attendance, and school life.
- I will stay up to date and informed of my child's academic development on a regular basis. I also commit to provide extra academic assistance, if necessary, by way of tutoring or other resources.
- To attend CCA's requested meetings, conferences, and orientations.
- If at any time during the training of my student, we can no longer work together in a spirit of unity and all reasonable avenues of reconciliation are exhausted, I will agree to withdraw my student from Community Christian Academy. I understand that willful disobedience by my student against the principles and guidelines of this covenant may result in dismissal or recommendation for withdrawal from Community Christian Academy.
- I give permission for my child(ren) to be photographed for publication, including school website, on behalf of Community Christian Academy. COPPA (Children's Online Privacy Protection Act): Websites must obtain Verifiable Parental Consent before collecting information from children or permitting the site to disclose information of children under 13 years.
- I have read the school's Statement of Faith and I understand that my child's enrollment experience will be shaped by the tenets therein. I agree to lead my child to support the values of Community Christian Academy. I understand that Community Christian Academy reserves the right to terminate a student's enrollment at any time should a student's actions or words display a disregard for our community values.

Student *(If Student is Kindergarten – 2nd grade, parent read, explain to child, and Initial for student)*

Initials

- I understand, per the CCA Student Handbook, the behaviors that are expected of me as a Community Christian Academy student. I also understand that I represent Community Christian Academy and must adhere to this school covenant regardless of time or place.
- I desire to attend Community Christian Academy or am willing to be under the authority of my parents in submitting and deferring to their wishes concerning enrollment at Community Christian Academy.
- I understand that Christian teachers are in partnership with my parents. I will strive to obey them also as they seek to train me according to God's Word.
- I will seek to live a godly life in and out of school in order that Jesus Christ will be glorified.
- I understand that willful disobedience of the covenant principles and the guidelines of the Parent/Student Handbook may result in my dismissal from Community Christian Academy.
- I pledge that I will not become involved in the use or possession of tobacco products, alcoholic beverages, drugs, narcotics, or "look-alikes": or in the abuse of legal substances; or the use of or possession of weapons; and in the practice of any form of immorality.



Student Name: _____

Grade: _____

School Use Only

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

FERPA is federal law that protects the privacy of student education records. Even though CCA does not receive funds under an applicable program of the US Department of Education, CCA has chosen to comply with this law.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

1. Parents or eligible students have the right to inspect and review the student's education records maintained by the school.
2. Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading.
3. Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them.

By signing you have read the Family Educational Rights and Privacy Act (FERPA). You agree that all the information given in this application is true and correct. The parent and student understand and will submit to the community standards of Community Christian Academy.

DATE: _____/_____/_____

PARENT (print) _____

PARENT (signature) _____

STUDENT (print) _____

STUDENT (signature) _____



COMMUNITY CHRISTIAN ACADEMY

STUDENT RECOMMENDATION FORM (Confidential)

Name of Student _____

Applying for grade _____

I have known this candidate for _____ years.

My relationship has been that of: Teacher Principal Guidance Counselor Other: _____

To the evaluator: This student is applying for admission to Community Christian Academy. We appreciate the time you spend completing this confidential request and the insight you share in the items below. Your candid evaluation of the applicant will be of great value to our admission committee. To help ensure confidentiality in this process, please return this form directly to our office by one of the methods addressed on the following page. Thank you again for your help.

For the following items, please check the response that you feel most accurately describes the candidate.

	Exceptionally High	Above Average	Average	Below Average	Poor	No Basis for Evaluation	Comments
Trustworthiness							
Academic achievement							
Ability to follow instruction							
Ability to work independently							
Ability to work with others							
Reliability and promptness							
Maturity							
Respect for authority							
Consideration for others							
Conduct							
Humility							
Attendance							
Parent support / Involvement							

To the best of your knowledge has the applicant exhibited any behavioral problems or has disciplinary action(s) been taken against them?

Yes No I don't know If yes, please describe. _____

Please comment on the parent's level of cooperation and support of your school or organization's policies. _____

Indicate the strength of your overall endorsement of this candidate:

- I Do Not Recommend
- I Recommend with some reservation
- I Recommend
- I Highly Recommend

We appreciate you taking your time to help us in this process. Please note any additional comments or observations concerning strengths, weaknesses, or special needs of this student that will aid in evaluating the student's qualifications. You may submit a separate sheet of paper for further comments if needed.

Evaluator's Name

Signature

School / Organization

Phone Number

Please return form using one of the three means available.

Mail to:
Community Christian Academy
777 SE Salerno Rd.
Stuart, FL 34997

Email:
office@ccacougars.net

Fax:
(772) 600-2728



COMMUNITY CHRISTIAN ACADEMY

2024 – 2025 TUITION RATES & FEES

ACADEMY

Grade Level	Tuition	Consolidated Fees <i>(non-refundable)</i>
Kindergarten – 5 th Grade	\$7,492	\$560
6 th – 12 th Grade	\$8,196	\$590
Autism Program Tier 1	\$3,000	
Autism Program Tier 2	\$5,300	
Autism Program Tier 3	\$8,000	
Academy Registration Fee <i>(non-refundable)</i>		\$150
Graduation Fee <i>(12th grade)</i>		\$125

Sibling discount of 10% per additional child, if applicable.

Tuition freeze discount at re-enrollment, if applicable.

PAYMENT

All fees must be paid through automatic bank draft (ACH). You will be provided a Tuition Financial Agreement (contract) with payment options from the Business Office at Community Christian Academy. Other items such as sports fees, after-school care, etc., will be billed monthly and collected through your ACH agreement.

Families who elect to use other forms of payment (check, cash, credit card) agree to submit payment due for the current semester.

Lunches are paid online through your FACTS account. Any questions regarding individual accounts may be directed to the Business Office at (772) 288-7227.

CONSOLIDATED FEE

The consolidated fee covers books, accreditation fees, student insurance, and testing/scoring of annual assessments (not AP).