



## APPLICATION FOR CCU COURSES

### Father's/Guardian's Information

Last Name: \_\_\_\_\_

First: \_\_\_\_\_

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

City: \_\_\_\_\_

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

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

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

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

Name of Workplace: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email address: \_\_\_\_\_

Does the student live with the father? \_\_\_\_\_

Church attending: \_\_\_\_\_

Years attending: \_\_\_\_\_

Church Attendance:

Weekly: \_\_\_\_\_ Frequently: \_\_\_\_\_ Infrequently \_\_\_\_\_

Does the father proclaim Christ as Savior? \_\_\_\_\_

### Mother's/Guardian's Information

Last Name: \_\_\_\_\_

First: \_\_\_\_\_

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

City: \_\_\_\_\_

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

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

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

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

Name of Workplace: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email address: \_\_\_\_\_

Does the student live with the mother? \_\_\_\_\_

Church attending: \_\_\_\_\_

Years attending: \_\_\_\_\_

Church Attendance:

Weekly: \_\_\_\_\_ Frequently: \_\_\_\_\_ Infrequently \_\_\_\_\_

Does the mother proclaim Christ as Savior? \_\_\_\_\_

**Name of Student** \_\_\_\_\_  
Last Name First Name Middle Name

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Courses Applying For \_\_\_\_\_

Has this student ever been tested, diagnosed or enrolled in any special education program or special school (e.g. Resource room, reading difficulty, learning disability, attention deficit disorder, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any physical disabilities this child may have (asthma, heart, hearing, speech problems, nervous condition, etc.)

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Does this child need to wear eyeglasses? \_\_\_\_\_ If so, at all times? \_\_\_\_\_

Does this child have any character traits you feel a teacher should be aware of in advance? \_\_\_\_\_

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

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Is the Word of God (the Bible) taught regularly in your home? \_\_\_\_\_

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Who, according to your understanding, is Jesus Christ? \_\_\_\_\_

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Please initial and sign below to indicate your understanding of the following:

- \_\_\_ The school's Mission Statement
- \_\_\_ The school's Statement of Faith
- \_\_\_ Your willingness to cooperate in having your child educated in accordance with this Christian perspective.
- \_\_\_ That my child will serve a ninety-day probation period in both academic and behavioral areas.
- \_\_\_ The school has the right to accept or reject this application.

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Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_