

Grandparent Information

Paternal

Full Name (with title) _____

Street Address _____

City _____ State _____

Zip _____ Home Phone _____

Full Name (with title) _____

Street Address _____

City _____ State _____

Zip _____ Home Phone _____

Name: _____

Maternal

Full Name (with title) _____

Street Address _____

City _____ State _____

Zip _____ Home Phone _____

Full Name (with title) _____

Street Address _____

City _____ State _____

Zip _____ Home Phone _____

Sibling Information

Name _____ Age _____ Grade _____ School Attending _____

Name _____ Age _____ Grade _____ School Attending _____

Name _____ Age _____ Grade _____ School Attending _____

Name _____ Age _____ Grade _____ School Attending _____

Name _____ Age _____ Grade _____ School Attending _____

Education Information

Please list schools previously attended by this student starting with the most recent:

School _____ For which grades? _____

Street Address (if known) _____

City _____ State _____ Zip _____ School Phone _____

School _____ For which grades? _____

Street Address (if known) _____

City _____ State _____ Zip _____ School Phone _____

School _____ For which grades? _____

Street Address (if known) _____

City _____ State _____ Zip _____ School Phone _____

For the following questions, please explain on a separate sheet any “yes” responses.

Yes No To the best of your knowledge, has this student ever used any type of non-prescription/non-medical drugs, alcohol, or tobacco, even if only experimentally?

Yes No Has this student ever been in trouble with the law?

Yes No Has this student ever been suspended, expelled, or asked to withdraw from any school attended?

Yes No Has this student ever been evaluated, or referred for evaluation, for learning disabilities/difficulties? Please include a copy of the IEP if applicable.

Yes No Has this student ever skipped or repeated a grade? Please specify which grade.

Yes No Has this student ever had discipline or attendance/tardiness problems?

Yes No Does this student have any medical condition that may require special attention?

What concerns do you have regarding your student’s current progress (academic, behavioral, or physical health)?

What are the student’s academic interests, abilities, and strengths? _____

What are the student’s current extracurricular involvements? _____

Statement of Cooperation and Consent

I consent for my student to take part in all Cornerstone Academy activities, including field trips, sports activities, and school sponsored trips away from the school premises. I have read the dress code of Cornerstone Academy and agree to have my student follow it. Should legal action, for any reason, be taken against Cornerstone Academy or any employee or agent thereof, on my student’s behalf, and the school or agent not be found at fault, I agree to pay any attorney fees, court fees, damages, or other costs that Cornerstone Academy or its agents should incur to defend itself against such action.

Father’s Initials: _____ Date: _____ Mother’s Initials: _____ Date: _____

2010 – 2011 Financial Information

Fees & Tuition - Annually

Tuition: Monthly tuition payments are due by the fifth working day of each month. Typically these payments are divided over ten (10) months. **Payment options from Smart Tuition include: monthly automatic bank account deduction, monthly automatic credit card deduction, payment by mail ... by check or money order, payment by phone ... by bank account or credit card, or payment online ... by bank account or credit card.**

FEES					+ Annual Tuition
Grade Levels	New Student Enrollment	Existing Student Re-Enrollment	+ Activity	+ Materials	
K4	\$150	\$100/student Up to \$200/family	\$100	\$125	\$4,300
K5 - 6th	\$150	\$100/student Up to \$200/family	\$125	\$200	\$4,300
7th - 11th	\$150	\$100/student Up to \$200/family	\$125	\$325	\$4,500
12th	\$150	\$100/student Up to \$200/family	\$225	\$325	\$4,500

Tuition Discounts – Monthly

Monthly Multi-Student Discounts (per family):

# of Students	Secondary - 0	Secondary – 1	Secondary – 2	Secondary - 3	Secondary - 4
Grammar - 0	\$0	\$450	\$870	\$1,285	\$1,670
Grammar - 1	\$430	\$850	\$1,265	\$1,655	\$2,075
Grammar - 2	\$830	\$1,245	\$1,635	\$2,055	\$2,470
Grammar - 3	\$1,225	\$1,615	\$2,035	\$2,455	
Grammar - 4	\$1,600	\$2,015	\$2,435		

Tuition Payment Options

Please select your payment plan below (check only one). You will be billed accordingly. If you do not pay by the applicable deadlines, you will either be moved to another option or charged a late fee.

- [] **Annual:** Tuition with a 2% discount will be paid in full between May 1st and August 1st.
- [] **Semester:** Tuition with a 1% discount will be paid in two equal installments by July 1st and December 1st.
- [] **Monthly:** Tuition will be paid in ten (10) monthly payments from August through May.

UNIVERSITY MODEL PLUS PROGRAM- Thursdays

Fees

Academic Block	\$500/year or \$50/month
Elective Block	\$200/year or \$20/month
A la' Carte Class(s) per class	\$200/year or \$20/month

Academic Block Grades 5-9 8:30am-2:30pm minimum enrollment required

Includes 5 classes: Math, Science, Latin, Grammar/English, Logic, History/Omnibus and also lunch period

Elective Block 2:30pm-3:45pm minimum of 5 students must register to offer each class

Performing Arts
 Robotics (Lego Mindstorm) \$100 Lego kit fee payable to instructor in August
SAT Prep one semester at \$100; (recommended for 10th-12th grades)

A la' Carte Class(es) minimum of 5 students must register to offer each class except for AP Calculus and AP Physics. Circle Choices:

Geometry	Algebra II & III	Pre-Calculus	AP Calculus
<i>Biology</i>	<i>Chemistry</i>	<i>AP Physics</i>	

Optional/Other Fees

Extra Curricular Activities: These fees are assessed on a per-user basis since not all the school families will necessarily use these options.

Early Morning Drop Off: This service is provided for Grammar students who are dropped off as early as 7:30 am. The cost is \$20 per family per month.

Late Pick-up: Please read the Tardy and Pick-Up Policies in the Parent-Student Handbook.

All fees are non-refundable. *Due to the fact that the school contracts with our teachers and staff to pay them a set amount for the year regardless of any reduction in student population, and in consideration of the per student costs we incur in materials and overhead for the year, we cannot refund any registration or tuition fees.*

Parental Agreement

Because the school must make year-long financial commitments to faculty, staff, vendors, and others on behalf of our student, the following financial agreement is accepted by each parent/guardian through our signatures. ***We understand that by signing this application, we are committing to pay the full year's tuition and register with Smart Tuition (the tuition management system).*** Exceptions to this are outlined in the Withdrawal Policy (Parent-Student Handbook, section 3.21). Additionally, a request for withdrawal must be submitted in writing and all accounts paid in full including two months tuition if withdrawal occurs before May 1st.

Our signatures below indicate our acceptance of:

- the policies of the school Initials _____
- the financial terms and conditions set forth herein for 2010-2011 Initials _____
- the Parent-Student Handbook available on the website Initials _____

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Emergency Information

Name: _____

Medical Alert: Yes No

If Yes, Identify: _____

Known Allergies: _____

Medications currently being taken: _____

CA staff is authorized to apply/administer the following first aid/medications (please check):	
<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Stomach Relief (Pepto Bismol)
<input type="checkbox"/> Ibuprofen (Advil)	<input type="checkbox"/> Hydrogen Peroxide
<input type="checkbox"/> Cough Drops	<input type="checkbox"/> Antibiotic Ointment
<input type="checkbox"/> Antacid Tablets (Tums)	

Physician:

Name _____
Street Address _____
City _____ State _____
Zip _____ Phone _____

Dentist:

Name _____
Street Address _____
City _____ State _____
Zip _____ Phone _____

Local Emergency Contact: Other than Parent

1. _____ Phone Number _____

2. _____ Phone Number _____

Insurance Carrier:

Member ID Number:

Pick-Up Authorization:

Persons **authorized** to pick up student: _____

Church Affiliation

Church Name _____ Denomination _____
Name and Title of Pastor(s) _____
Street Address _____
City _____ State _____ Zip _____ Church Phone _____
Church Mailing address if different from above _____
Church Email _____
 Members Frequent Attenders Infrequent Attenders We are not affiliated with a church.

Other Information

Who or what led you to Cornerstone Academy? _____

Why do you desire your student to attend Cornerstone Academy? _____

Describe your expectations of the school. _____

Cornerstone Academy periodically uses photographs of our students for positive promotional materials in print and on our website. Please sign here granting permission to use your student's photograph.

Father/ Guardian Signature _____ Date _____
Mother/ Guardian Signature _____ Date _____



Cornerstone Academy

Statement of Faith

The statement of faith adopted by Cornerstone Academy is limited to primary Christian doctrine, which is considered to be central to all Christian denominations, and which sets Protestant Christianity apart from other faiths. The following statement of faith is taken directly from the Cornerstone Academy Association By-laws:

1. We believe the Bible alone to be the word of God, the ultimate and infallible authority for faith and practice.
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. He is omnipotent, omniscient, and omnipresent.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
4. We believe that, for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely necessary.
5. We believe that salvation is by grace alone through faith.
6. We believe that faith without works is dead.
7. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.
8. We believe in the resurrection of both the saved and the lost; they that are saved to the resurrection of life and they that are lost to the resurrection of damnation.
9. We believe in the spiritual unity of all believers in our Lord Jesus Christ.

I have read the school's Statement of Faith. I do not object to my student being taught accordingly.

Father/ Guardian Signature _____ Date _____

Mother/ Guardian Signature _____ Date _____



Cornerstone Academy

Cooperation Agreements

Cornerstone Academy sets forth the following as agreements expected from, and made with, students and parents alike. Please read carefully and sign below.

Student Cooperation Agreement

1. I commit to strive toward virtuous living in all I do, whether in thought, word or deed, both on campus and off campus.
2. I commit to strive for excellence in all I do as a student, in thought, word and deed.
3. I commit to cooperate obediently and respectfully with all those in authority over me.
4. I commit to submit obediently and respectfully to administrative policies of the school, including those of conduct and dress code.

Student Signature _____ Date _____

To be signed by all incoming students, grade 3 and higher.

Parent/ Guardian Cooperation Agreement

1. I commit to support the school with my time, talent, and/or treasure to the best of my ability committing to at least 35 Service Hours per school year. If I fail to perform those hours I commit to pay \$20 per hour for those not served.
2. I commit to support and comply with all pertinent administrative policies of the school, including those of academic standards, discipline, dress code, cultural protocol, and biblical conflict-resolution.
3. I commit to take any questions or concerns to the appropriate person, whether it be my student's teacher or an administrator, according to the Cornerstone Academy Grievance Policy outlined in the Parent-Student Handbook (section 3.2).
4. I commit to respect the final professional judgment of the school regarding my student's grade-level placement and continued enrollment in Cornerstone Academy.
5. I commit to remain both in regular and open communication with my student's teachers and to ensure that the formal education begun in the classroom continues in the home, whether as study, homework, or work-ethic formation.
6. I commit to expand my knowledge of and commitment to the ideals of classical Christian education as expressed in the curriculum, pedagogy, culture, and biblical educational philosophy of Cornerstone Academy. I therefore commit to attend the Foundations Class for parents within the first year of our enrollment.
7. I commit to bear financial responsibility for any and all damages caused to school property by my student.
8. I have read and understand the Tuition and Fees information (found on the school's website).
9. I have read the Parent-Student Handbook found on the website.
10. I understand that the information provided on the Application for Admission, reference forms, and all other documents pertaining to my student's application will be confidential to the school's Admissions Committee. No one, including my student and our family, will be shown such information unless a member of the Admissions Committee chooses to show all or part of the application file to an individual for an official reason.

Father/ Guardian Signature _____ Date _____

Mother/ Guardian Signature _____ Date _____



Cornerstone Academy

Request for Copies of Records

For applicants to grades 1 - 12

Dear Parent:

Please complete the top portion of this form and submit to the registrar (or records-keeper) at your student's current school.

Student's Name _____ Current Grade _____

Parent/ Guardian's Name (printed) _____

Please read and sign the following statement:

I authorize my student's current school to release copies of the records listed below to Cornerstone Academy.

Parent/ Guardian Signature's _____ Date _____

Dear Registrar:

(Please note that this is not a final request for records.)

The above named student has applied to Cornerstone Academy. Thank you for mailing to us the following items (any that are applicable):

- A copy of the most recent report card of progress report for the current year.
- A copy of any standardized test scores from the current year. If unavailable, from the previous year.
- Copies of report cards from the previous two years.
- Copies of standardized test scores from the previous two years.
- A copy of any disciplinary forms involving student.
- A copy of any evaluations by educational psychologist/learning specialists, etc.
- A school profile, if available.

If you have any questions or would like to speak to someone about this request, please call our office. **Please note that this student's application will not be considered complete without these records.** Your prompt response will be greatly appreciated. If this student is accepted to and enrolls in Cornerstone Academy, you will receive a final Request for Records at a later time. Thank you for your assistance.

Registrar's Name _____ Specific Title _____

School Name _____ School Phone _____

Please mail these items and this form to:

Cornerstone Academy
PO Box 357430
Gainesville, FL 32635

Thank you for taking your time to assist us in this way.



Cornerstone Academy

Administrator Reference Form

For applicants to grades 3 - 12

Dear Parent:

Please complete the top portion of this form and submit to the registrar (or records-keeper) at your student's current school.

Student's Name _____ Current Grade _____

Parent/ Guardian Name's (printed) _____

Please read and sign the following statement:

I acknowledge that this reference form will be kept confidential between my student's administrator and the Cornerstone Academy Admissions Committee. I understand that I will not be aware of the information provided here.

Dear Administrator:

The above-named student has applied to Cornerstone Academy. We would like to consider your evaluation of this student as a part of our admission process. Thank you for completing this form and returning it to Cornerstone Academy. If you have any questions or would like to speak with someone about this reference, please call our office. **Please note that this student's application will not be considered complete without this form.** Your prompt response will be greatly appreciated.

Administrator's Name _____ Specific Title _____

School Name _____ School Phone _____

School Street Address _____

City _____ State _____ Zip _____ School Phone _____

Administrator's Signature _____ Date _____

Please mail these items and this form to:

**Cornerstone Academy
PO Box 357430
Gainesville, FL 32635**

Thank you for taking your time to assist us in this way.

(OVER)

On what date did this student enter your school? _____

How long have you known this student? _____

Please circle the most appropriate response:

	Below Average	Average	Above Average	Outstanding
Academic potential	1	2	3	4
Academic motivation	1	2	3	4
Attendance	1	2	3	4
Conduct	1	2	3	4
Respectfulness	1	2	3	4
Overall recommendation	1	2	3	4

1. How does this student relate with his/her peers and staff members in your school? _____

2. Have the parents been supportive of your school and its policies? _____

3. Has this student ever been referred to you for any disciplinary problems? If so, please explain. _____

4. Has this student ever been referred for evaluation by an educational psychologist or learning specialist?

5. Please provide any other information which you feel will be useful in our assessment of this student.

Please indicate your level of recommendation regarding this student's admission to our school:

Enthusiastically Strongly Fairly strongly With reservation Do not recommend

Thank you for taking your time to complete this reference form. We appreciate your input.



Cornerstone Academy

English Teacher Reference Form

For applicants to grades 7 - 12

Dear Parent:

Please complete the top portion of this form and submit it to your student's most recent English Teacher at his or her current school.

Student's Name _____ Current Grade _____

Parent/ Guardian Name's (printed) _____

Please read and sign the following statement:

I acknowledge that this reference form will be kept confidential between my student's teacher and the Cornerstone Academy Admissions Committee. I understand that I will not be aware of the information provided here.

Dear English Teacher:

The above-named student has applied to Cornerstone Academy. We would like to consider your evaluation of this student as a part of our admission process. Thank you for completing this form and returning it to Cornerstone Academy. If you have any questions or would like to speak with someone about this reference, please call our office. **Please note that this student's application will not be considered complete without this form.** Your prompt response will be greatly appreciated.

Teacher's Name _____ Specific Title _____

School Name _____ School Phone _____

School Street Address _____

City _____ State _____ Zip _____ School Phone _____

Teacher's Signature _____ Date _____

Please mail these items and this form to:

**Cornerstone Academy
PO Box 357430
Gainesville, FL 32635**

Thank you for taking your time to assist us in this way.

(OVER)

Please circle the most appropriate response:

	Below Average	Average	Above Average	Outstanding
Scholastic potential	1	2	3	4
Scholastic achievement	1	2	3	4
Effort applied to work	1	2	3	4
Classroom conduct	1	2	3	4
Love of learning	1	2	3	4
Respectfulness to faculty	1	2	3	4
Respectfulness to peers	1	2	3	4
Care and concern for others	1	2	3	4
Teachable attitude	1	2	3	4
Even temperament	1	2	3	4
Overall recommendation	1	2	3	4

1. How does this student relate with his/her peers and teachers in your school? _____

2. Have the parents been supportive of your role as teacher? _____

3. How would you describe the frequency with which you have behavioral issues with his student (never, rarely, on occasion, frequently)? Please explain. _____

4. Does this student receive or need any special accommodations in the classroom? _____

5. Please provide any other information which you feel will be useful in our assessment of this student.

Please indicate your level of recommendation regarding this student's admission to our school:

- Enthusiastically Strongly Fairly strongly With reservation Do not recommend

Thank you for taking your time to complete this reference form. We appreciate your input.



Cornerstone Academy

Math Teacher Reference Form

For applicants to grades 7 - 12

Dear Parent:

Please complete the top portion of this form and submit it to your student's most recent Math Teacher at his or her current school.

Student's Name _____ Current Grade _____

Parent/ Guardian's Name (printed) _____

Please read and sign the following statement:

I acknowledge that this reference form will be kept confidential between my student's teacher and the Cornerstone Academy Admissions Committee. I understand that I will not be aware of the information provided here.

Dear Math Teacher:

The above-named student has applied to Cornerstone Academy. We would like to consider your evaluation of this student as a part of our admission process. Thank you for completing this form and returning it to Cornerstone Academy. If you have any questions or would like to speak with someone about this reference, please call our office. **Please note that this student's application will not be considered complete without this form.** Your prompt response will be greatly appreciated.

Teacher's Name _____ Specific Title _____

School Name _____ School Phone _____

School Street Address _____

City _____ State _____ Zip _____ School Phone _____

Teacher's Signature _____ Date _____

Please mail these items and this form to:

**Cornerstone Academy
PO Box 357430
Gainesville, FL 32635**

Thank you for taking your time to assist us in this way.

(OVER)

Please circle the most appropriate response:

	Below Average	Average	Above Average	Outstanding
Scholastic potential	1	2	3	4
Scholastic achievement	1	2	3	4
Effort applied to work	1	2	3	4
Classroom conduct	1	2	3	4
Love of learning	1	2	3	4
Respectfulness to faculty	1	2	3	4
Respectfulness to peers	1	2	3	4
Care and concern for others	1	2	3	4
Teachable attitude	1	2	3	4
Even temperament	1	2	3	4
Overall recommendation	1	2	3	4

1. How does this student relate with his/her peers and teachers in your school? _____

2. Have the parents been supportive of your role as teacher? _____

3. How would you describe the frequency with which you have behavioral issues with his student (never, rarely, on occasion, frequently)? Please explain. _____

4. Does this student receive or need any special accommodations in the classroom? _____

5. Please provide any other information which you feel will be useful in our assessment of this student.

Please indicate your level of recommendation regarding this student's admission to our school:

- Enthusiastically Strongly Fairly strongly With reservation Do not recommend

Thank you for taking your time to complete this reference form. We appreciate your input.