



Cornerstone Academy

A la Carte Admission Application

Student Information

Applying for Grade _____
 School Year _____ / _____
 Application Date _____
 Student's Full Name _____
 Preferred Name _____
 Date of Birth _____ Age _____ Gender _____
 Ethnicity _____

Office Use Only	
<i>Pre-Admission</i>	
Application and Fee Rec'd	_____
Reference Forms Rec'd	_____
Family Interview	_____
Student Placement Test	_____
<i>Post-Admission</i>	
Accepted	_____
Acceptance Letter Sent	_____
Registration Fee Rec'd	_____
Records Rec'd	_____
Health/Immu Forms Rec'd	_____
Birth Cert/SS Card Rec'd	_____
CA School Forms Rec'd	_____
Guidance	_____

Parent/ Guardian Information

Student lives with (check all that apply):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | | |
| <input type="checkbox"/> Father is deceased | <input type="checkbox"/> Mother is deceased | | |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Parents are divorced | <input type="checkbox"/> Parents are separated |
| <input type="checkbox"/> Other | <input type="checkbox"/> Joint custody | | <input type="checkbox"/> Sole custody |
- Please explain: _____ (Attach court order)

Student's Primary Residence

Street Address _____
 City _____ State _____ Zip _____ Home Phone _____

Please check: <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Mr.	Please check: <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev.
Father's Name _____	Mother's Name _____
Address (if different) _____	Address (if different) _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____
Occupation/ Title _____	Occupation/ Title _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____

Unless you specify otherwise, the following items will be included in the next school directory: home address, home phone, and primary email. Please write below any items you do not want included:

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: _____

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 _____