




# COMPASS CHRISTIAN ACADEMY

## 2025-26 APPLICATION FOR ADMISSIONS

Section 1	Section 2	Section 3	Section 4	Section 5	Section 6
Applicant Information	School/Church Information	Testing Information	Additional Information	Family Information	Acknowledgment and Waiver
Applicant's Legal Last Name (as it appears on birth certificate) First Middle Last Preferred Name Sex		Applying for admission to Grade/Age: Desired start date			
Home Address of Applicant		City		Zip	
Home Phone	Birth Date	Place of Birth		Citizenship	
<b>Family Heritage:</b> (For statistical reporting purposes only) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian/Pacific Isle <input type="checkbox"/> American Indian <input type="checkbox"/> Other:					
Present Grade		Present School		Phone	
Address					
Previous School Attended		Address		Dates Attended	
Previous School Attended		Address		Dates Attended	
Previous School Attended		Address		Dates Attended	
Church Name		Membership/Partnership Status		Pastor's Name	
Church Address:					
<input type="checkbox"/> Not part of a church <input type="checkbox"/> Please provide referral					
<input checked="" type="checkbox"/> Has the applicant ever been tested for learning disabilities? (e.g., ADHD, dyslexia, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes" and an I.E.P. (Individual Education Program) is available, please provide a copy. If no I.E.P. is available, please indicate test results and attach a copy of any documentation you may have.  Check the following health concerns if applicable (Complete information is required on the Emergency Information form during registration): <input type="checkbox"/> Asthma <input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Condition <input type="checkbox"/> Life-Threatening Food Allergy (requiring an EpiPen®)					
<input checked="" type="checkbox"/> What prompted you to contact Compass Christian Academy? (Check all that apply) <input type="checkbox"/> Current school or preschool <input type="checkbox"/> Church <input type="checkbox"/> Flyer <input type="checkbox"/> Postcard <input type="checkbox"/> Open House <input type="checkbox"/> Attended an Admissions Information Night: _____ <input type="checkbox"/> Friend (whom): _____ <input type="checkbox"/> Other: _____					
Please briefly tell us your long-term educational goals for your child.					

	Father's Full Name		Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home		Secondary Phone: <input type="checkbox"/> Work <input type="checkbox"/> Home		
	<input type="checkbox"/> Same as Applicant						
	Home Address						
	Email		Employer		Occupation		
	Title		Employer Address				
	Education (Schools, Degrees, or Vocational Training)						
	Mother's Full Name		Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home		Secondary Phone: <input type="checkbox"/> Work <input type="checkbox"/> Home		
	<input type="checkbox"/> Same as Applicant						
	Home Address						
	Email		Employer		Occupation		
Title		Employer Address					
Education (Schools, Degrees, or Vocational Training)							
Name		Birth Date	School		Grade	Applying for or attending CCA? <input type="checkbox"/> Applying <input type="checkbox"/> Attending <input type="checkbox"/> Previously Attended <input type="checkbox"/> No	
Name		Birth Date	School		Grade	<input type="checkbox"/> Applying <input type="checkbox"/> Attending <input type="checkbox"/> Previously Attended <input type="checkbox"/> No	
Name		Birth Date	School		Grade	<input type="checkbox"/> Applying <input type="checkbox"/> Attending <input type="checkbox"/> Previously Attended <input type="checkbox"/> No	
<b>IF APPLICANT DOES NOT LIVE WITH BOTH NATURAL PARENTS, PLEASE COMPLETE THE FOLLOWING SECTION</b>							
Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father Deceased <input type="checkbox"/> Mother Remarried <input type="checkbox"/> Father Remarried			Who has legal custody?		Applicant is <i>NOT</i> to be released to: <b>(Court Order must be attached)</b>		
	Stepfather's / Legal Guardian's Full Name		Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home		Secondary Phone: <input type="checkbox"/> Work <input type="checkbox"/> Home		
	<input type="checkbox"/> Same as Applicant						
	Home Address						
	Email		Employer		Occupation		
	Title		Employer Address				
	Education (Schools, Degrees, or Vocational Training)						
	Stepmother's/ Legal Guardian's Full Name		Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home		Secondary Phone: <input type="checkbox"/> Work <input type="checkbox"/> Home		
	<input type="checkbox"/> Same as Applicant						
	Home Address						
	Email		Employer		Occupation		
	Title		Employer Address				
	Education (Schools, Degrees, or Vocational Training)						



## Notice of Nondiscriminatory Policy as to Students

Compass Christian Academy admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school administered programs.

**Our signatures certify the accuracy and completeness of the information provided. We understand that any misrepresentation may be cause for denial or cancellation of admission or enrollment.**

\_\_\_\_\_  
SIGNATURE OF FATHER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF MOTHER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RELATIONSHIP TO APPLICANT