

**Covenant Christian Academy of Chicago**  
**Family Application for Admission page 1**

Date \_\_\_\_\_

**Parent/Guardian #1**

**Parent/Guardian #2**

Mr., Ms, Mrs. Dr., Rev. \_\_\_\_\_

Mr., Ms, Mrs. Dr., Rev. \_\_\_\_\_

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

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

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

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

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

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

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Relationship to Students: \_\_\_\_\_

Relationship to Students: \_\_\_\_\_

Student lives with: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

If father and mother live separately, has there been a judicial determination of custody? Yes \_\_\_\_\_ No \_\_\_\_\_

Who has legal custody? \_\_\_\_\_

**All paperwork must be signed by the legal guardian of the child, regardless of the residence of the child.**

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

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

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

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

Denomination: \_\_\_\_\_

Denomination: \_\_\_\_\_

Pastor: \_\_\_\_\_

Pastor: \_\_\_\_\_

How many years have you been a member? \_\_\_\_\_

How many years have you been a member? \_\_\_\_\_

How often do you attend? \_\_\_\_\_

How often do you attend? \_\_\_\_\_

How often does the head of the household lead the family in reading the Bible? \_\_\_\_\_

CCAC relies on parents regularly and enthusiastically serving the school with their gifts and talents. Please indicate with a check areas in which you are able and willing to contribute to the life of our school community. All families participate in cleaning the school during the school year.

- Classroom Help     Hospitality     Maintenance     Coordinating a fundraising event  
 Library     Marketing     Clerical     Morning Greeting

**A Non Refundable Application fee of \$100.00 per family must be submitted with this application.**

Covenant Christian Academy of Chicago  
9905 South Winston Ave. Chicago, IL 60643  
773-881-3235 e-mail: ccaofchicago@yahoo.com

Office Use only: Rced \_\_\_\_\_ FA Approved \_\_\_\_\_ Forms Filed \_\_\_\_\_

## Covenant Christian Academy of Chicago

### Family Application for Admission page 2

Names of All Children	Date of Birth	Present Grade	Applying for Enrollment?
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No

**Christian References:** (If applicable, one should be a present or former CCAC family)

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

Who referred you to Covenant Christian Academy of Chicago? \_\_\_\_\_

Why do you want your child/children to attend Covenant? \_\_\_\_\_

How do you think parents should participate in the education of their Children? \_\_\_\_\_

Please choose one of the following options regarding tuition and financial aid.

- We have read the Tuition Policy and we will apply for Financial Aid through FACTS Grant and Aid at <http://www.ccaofchicago.org/about%20pages/tuition.html>. Financial aid decisions will be made on a first come first served basis beginning at the April 12, 2007 Board Meeting.
- We have read the Tuition Policy and we do not wish to apply for Financial Aid but will pay monthly using FACTS.
- We have read the Tuition Policy and we do not wish to apply for Financial Aid but will pay in full by July 1, 2007 for a 5% discount.

Please sign below to signify that this application is accurate and that you agree with the following statements:

- ❖ We/I have received and carefully read the current Parent Student Handbook for Covenant Christian Academy of Chicago. We/I agree with the following aspects of the curriculum and school policy as found therein: Statement of Faith, Educational Philosophy, Latin study, Parent Involvement Hours Policy, Family Fundraising Policy, Grievance Policy, Conflict Resolution Policy, Discipline Policy, and Uniform Policy. (If admitted to CCAC your family will be required to comply with these expectations.) Please attach any comments you may have regarding these policies to this application on a separate piece of paper.
- ❖ We/I understand that the enrollment process (see the Enrollment Information sheet) must be completed for our students to be accepted for admission at CCAC.
- ❖ We/I understand that if admitted, a \$200 per student non-refundable deposit, (will be applied to tuition) will be required within 15 days to formally hold a grade slot for our child for the upcoming school year at Covenant Christian Academy. We/I certify, by signing below, that this application and the information supplied herein is correct.

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian #1 Parent/Guardian #2