



CUTLER RIDGE CHRISTIAN ACADEMY

10301 Caribbean Boulevard
Miami, FL 33189
(305) 251-1534

New Student Application for Admission 2017-2018

TODAY'S DATE: _____ / _____ / _____ GRADE ENTERING: _____

Student Information:

Name: _____
Last First Middle

Male Female Age: _____ Date of Birth: _____ - _____ - _____ Birthplace: _____

Race (optional): _____ Soc. Sec.#: _____ - _____ - _____

Home Phone: _____ - _____ - _____

Preferred Home Address:

_____ Street Apt. # City Zip Code

Preferred Mailing Address:

_____ Street Apt. # City Zip Code

Student lives with Both Parents Mother only Father only Other _____
(Please provide school with any current legal documentation that pertains to custody issues.)

Other children in family:

_____ School Attending _____ Grade _____

_____ School Attending _____ Grade _____

_____ School Attending _____ Grade _____

Parent Information:

	Parent 1	Parent 2	Legal Guardian / Other
Title (Mr., Mrs., Dr.)			
Last Name			
First Name			
Marital Status			
Address			
Home Phone			
Cell Phone			
Occupation			
Employer			
Work Phone			
E-Mail Address			

(This information must be kept current. Please inform the school of any changes throughout the year.)

Educational Information:

Please list all schools attended since Kindergarten:

Name of School	Contact Person	Complete Address	Grade(s)

Has your child ever repeated a grade? If yes, which grade? _____ Please explain: _____

Has your child ever been dismissed, suspended or disciplined at any school? If yes, please explain: _____

What special interests, skills, and abilities does your child have?

What is your child's reaction to starting this school?

Briefly describe why you want a Christian education for your child:

Family Information:

What church do you attend? _____

What church services and other religious meetings to you regularly attend? _____

How did you hear about Cutler Ridge Christian Academy? Referral from _____

Media Source (phone book, newspaper, etc.) _____ Other _____

Emergency Information:

	Name	Phone Number / Ext.	Address
Physician/Doctor			
Preferred Hospital			

Emergency Contact:

Persons to contact in an emergency (with authorization to pick up student) in case parent is not available: *(These individuals also have authority to pick-up our child if we are unavailable and emergency/weather conditions arise which warrant closing the school.)*

Name	Phone	Alt. Phone	Relationship to student	Address

General Health Student Information:

Indicate allergies (please list specifics):

Food: _____ Medications: _____

Plants: _____ Other: _____

Any physical disabilities? Yes No If yes, please explain: _____

Does your child need to wear glasses/contacts? Yes No All of the time? Yes No

Additional health information not listed above: _____

Does your child have a psychological evaluation? Yes No

If yes, please explain: _____

Does your child have any physiological, psychological, and/or emotional problems which require medication?

Yes No

If yes, please comment on the nature of the problem, the name, and frequency of the required medication:

Medications:

When any medication needs to be given to students, these medications must be in packaging from the pharmacy with the doctor's instructions printed on the current label. A Medical Release Form must also be completed by the parent. Medical Release Forms are available in the school office and require both the doctor and parent's signature. All medications must be taken in the presence of designated office personnel.

I HAVE READ AND AGREE WITH THE SCHOOL'S STATEMENT OF FAITH. I WILL COOPERATE AND ENCOURAGE MY CHILD(REN) TO SUPPORT AND ABIDE BY THE RULES AND REGULATIONS OF CUTLER RIDGE CHRISTIAN ACADEMY. I HAVE REVIEWED A COPY OF THE CRCA PARENT/STUDENT HANDBOOK.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

I, (the student) agree to abide by Cutler Ridge Christian Academy's rules of conduct and dress code.

Student's Signature: _____ Date: _____