



# CUTLER RIDGE CHRISTIAN ACADEMY

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

## Application for Re-Enrollment 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.)

Does your child take any medication on a regular basis? \_\_\_\_\_

If yes, please comment on the name, frequency of medication taken, and the purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian 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.)

**Family Information:**

What church do you attend? \_\_\_\_\_

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

**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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

**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

**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: \_\_\_\_\_