



# Christian Life Academy

1150 SW 20<sup>th</sup> Avenue, Cape Coral, Florida 33991  
(239) 283-1022 \* FAX: (239) 283-3430

Dear Applicant:

Thank you for considering Christian Life Academy for your child. Christian Life Academy believes parents and teachers should work hand in hand to educate children spiritually and academically. Our program centers on how God affects all areas of our lives. We provide a high quality Christian education for an affordable price to our community.

Please visit Christian Life Academy and decide if this is where you feel God would want your child.

Please return the following items to enroll your child:

- Complete the enclosed *Application for Admission* form
- Submit the registration fee of \$350
- Submit last report card and records from any schools previously attended.
- Submit an original Florida Certificate of Immunization, a physical examination performed within one year prior to entrance in Florida school, and a copy of the child's birth certificate. This must be submitted before the student can begin school.

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## Application for Admission

### Student Information

Student's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ SS# \_\_\_\_\_ Birthplace: \_\_\_\_\_

Sex: \_\_\_\_\_ Adopted? Yes No

Grade Entering: \_\_\_\_\_ Starting Date: \_\_\_\_\_

### Family Background

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

(please make sure the email address is legible. This is your way to access your child's grades.)

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

(please make sure the email address is legible. This is your way to access your child's grades.)

Natural parents are: ☐ together at home ☐ separated ☐ divorced ☐ widow

If parents are divorced or separated, who has legal custody? \_\_\_\_\_

Name of parent or guardian if other than parent \_\_\_\_\_ Relationship \_\_\_\_\_

Can your address, home phone number and occupation be listed in the School Directory? Y N

Name and address of living grandparents:

| Name | Address | City | St | Zip |
|------|---------|------|----|-----|
|------|---------|------|----|-----|

|      |         |      |    |     |
|------|---------|------|----|-----|
| Name | Address | City | St | Zip |
|------|---------|------|----|-----|

If there are other children in your family please complete the following:

|      |           |        |
|------|-----------|--------|
| Name | Birthdate | School |
|------|-----------|--------|

|      |           |        |
|------|-----------|--------|
| Name | Birthdate | School |
|------|-----------|--------|

|      |           |        |
|------|-----------|--------|
| Name | Birthdate | School |
|------|-----------|--------|

## Academic Information

Previous school attended:

Name of School \_\_\_\_\_

Address:

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Grades attended:

\_\_\_\_\_

Dates:

\_\_\_\_\_

Reason for leaving:

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

Has student ever repeated a grade? \_\_\_\_ Which grade(s)? \_\_\_\_\_

Has student ever attended summer school? Y N When? \_\_\_\_\_ Where? \_\_\_\_\_

Any physical or emotional problems? \_\_\_\_\_

\_\_\_\_\_

Describe the student's interests, talents, abilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where did you receive information about Christian Life Academy?

☐ Church ☐ Website ☐ Other \_\_\_\_\_

☐ Friend (If the friend who recommended the school is already a Christian Life Academy family, please give us their name

\_\_\_\_\_

Please include student's last report card and standardized test.

## Spiritual Information

Does your family attend church? Yes \_\_\_\_ No \_\_\_\_

Church \_\_\_\_\_ Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Member? Y N How Long? \_\_\_\_\_ Regular Attendance? \_\_\_\_\_ How Long? \_\_\_\_\_

Please explain your reasons for desiring to enroll your child at Christian Life Academy.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Parents' (or legal guardians') Statement

In making application for my child to attend Christian Life Academy:

- I agree to support the spiritual, moral, dress, and disciplinary standards of the school as outlined in the Parent Handbook.
- I agree to assume the responsibility for my child's education by supervising homework and keeping in regular contact with my child's teachers.
- I understand that until such time as CLA has adequate facilities and staffing to service students with learning disabilities or special physical/emotional needs, the school reserves the right to refuse admission for such students. Upon screening and detection of such needs in any enrolled student, CLA will evaluate on an individual basis its ability to provide adequate instruction for that student.
- I agree to support to the best of my ability, through attendance and participation, the various activities of the school.
- I agree to allow my child to go on scheduled field trips and other school activities.
- I agree to support, to the best of my ability, the school's entire program through prayer, time, and financial gifts.
- I understand that 10 hours of volunteer work per student is required yearly by parent for Christian Life Academy.
- I understand that this application cannot be considered without the Registration Fee and that I agree to the payment and/or refund policies listed on the school's tuition worksheet.
- I will attend meetings and parent functions of the school regularly.
- I understand that Christian Life Academy reserves the right to refuse any application, or dismiss any student, at any time, for unacceptable work or conduct, or any other reason it deems necessary. Neither this application nor payment of fees is considered to be binding upon Christian Life Academy. If a student is dismissed from the school, the parents are still responsible to pay the full tuition for that month.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

*Christian Life Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the students of the school. Christian Life Academy does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policies, athletics, or any other school administered programs.*

# STUDENT RECORDS RELEASE

## Christian Life Academy

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**Parents: Please complete this form including the complete address of previous school.  
Return the completed form to Christian Life Academy with application.**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last First Middle

School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip

I give my permission for the release of the following records concerning my child to Christian Life Academy.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

### Attention Student Records Administrator:

The student listed above is enrolled in grade \_\_\_\_ at CHRISTIAN LIFE ACADEMY Elementary, as of \_\_\_\_\_.

Please send the following information as soon as possible.

1. Transcript—listing all subjects taken and grade received (including summer school).
2. Withdrawal Grades—if any.
3. Standardized test scores.
4. Psychological reports and discipline/conduct records, including any suspensions.
5. Copy of Birth Certificate.
6. Immunization and Health Records.

Thank you!

\_\_\_\_\_  
Student Records, Christian Life Academy