

**Christian Family Academy**  
**Application for Admission for 2009-2010**  
P.O. Box 5353, Hickory, North Carolina, 28603 (828) 256-8474

***Our Mission and Purpose Statement:*** CFA exists to assist Christian parents in fulfilling their biblical responsibility to train their children in the nurture and admonition of the Lord by providing Christian formal education and training.

***Nondiscriminatory Policy:*** CFA admits students of any race, color, national and ethnic origin to all the 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, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

1. **A non-refundable registration fee must accompany this application. (one half this fee is refunded if the applicant is not accepted)**
2. Final enrollment will not be made until all application requirements have been completed. (i.e. Application, Registration Fee, Transcripts, Entrance Testing, and Interview)

**Student Information**

Last Name: _____	First Name: _____	Middle Name: _____	Preferred: _____
Street Address: _____		Home Phone: _____	
City: _____	State: _____	Zip Code: _____	
Social Security No. _____	Birthday: _____	Age: _____	Sex: _____ Grade Applying For: _____
Name of School attended last year: _____		Phone Number _____	
Address of School: _____		City: _____	State: _____ Zip: _____

**Family Information**

Father's or legal Guardian's Last Name: _____		Title (Dr., Rev., Mr.): _____	First Name: _____
Street Address: _____		Home Phone: _____	Cell Phone: _____
City: _____	State: _____	Zip Code: _____	E-mail: _____
Place of Employment: _____		Work Phone: _____	Ext.: _____
Legal Relationship to Student: _____		Lives with Student (Y/N): _____	
Mother's or Legal Guardian's Last Name: _____		Title (Dr., Ms., Mrs.): _____	First Name: _____
Street Address: _____		Home Phone: _____	Cell Phone: _____
City: _____	State: _____	Zip Code: _____	E-mail: _____
Place of Employment: _____		Work Phone: _____	Ext.: _____
Legal Relationship to Student: _____		Lives with Student (Y/N): _____	

**Church Information**

Please give the specific name of the church you and your child attends: _____			
Church Mailing Address: _____		City: _____	State: _____ Zip: _____
Denomination: _____	Are you a Member? _____	Do You Attend Regularly? _____	
Pastor's name: _____		Phone number: _____	

**FOR OFFICE USE ONLY:**

Date application received _____	Date registration fee received _____	Amount: _____	Ck# _____	Cash _____	Received by _____
Interview _____	Testing _____	Morning Session _____	Learning Ctr _____	Course only _____	
Records Requested _____	Records Rec'd _____	Immunizations Complete (Y/N) _____			