



## **APPLICATION FOR ADMISSION TO KINDERGARTEN**

### **Our Vision**

The vision of Cornerstone Christian Academy is to graduate boys and girls whose elementary and middle school experience lays the foundation for Christian leadership in the world.

### **Our Purpose**

The purpose of Cornerstone Christian Academy, as a custodian of parental trust, is to provide students with a superior education by intentionally fusing the Christian world-view with the total learning experience.

### **Non-Discriminatory Admissions Policy**

Cornerstone Christian Academy admits students of any race, color, nationality, or ethnic origin to all 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, nationality, or ethnic origin in administration of educational and admission policies, scholarship programs, and other school programs.

**5295 Triangle Parkway • Norcross, Georgia 30092**  
*Phone: 770.441.9222 • Fax: 770.441.9380*



PLEASE  
ATTACH  
RECENT  
PHOTO  
OF  
APPLICANT  
HERE

**CORNERSTONE CHRISTIAN ACADEMY**

ADMISSION APPLICATION

5295 Triangle Parkway . Norcross, Georgia 30092

(770) 441-9222 Fax: (770) 441-9380

**APPLICANT INFORMATION**

Applicant's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Prefers to be called \_\_\_\_\_

Applying for grade \_\_\_\_\_ School Year 20\_\_\_\_ - 20\_\_\_\_

Present School \_\_\_\_\_ School Phone \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Family E-mail address \_\_\_\_\_

County \_\_\_\_\_ Subdivision, if applicable \_\_\_\_\_

Student's Place of Worship \_\_\_\_\_

Are other siblings applying this year?  Yes  No

If so, in what grade(s): \_\_\_\_\_

*Name* \_\_\_\_\_ *Grade* \_\_\_\_\_

*Name* \_\_\_\_\_ *Grade* \_\_\_\_\_

**Office Use Only**

Date Received \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Application Fee Received on \_\_\_\_\_ ck # \_\_\_\_\_

Testing Fee Received on \_\_\_\_\_ ck # \_\_\_\_\_

Birth Certificate Verified on \_\_\_\_\_

Immunization forms Received on \_\_\_\_\_

**FAMILY INFORMATION**

Salutation:  Mr. & Mrs.  Mr.  Ms.  Dr.  Dr. & Mrs.  Other \_\_\_\_\_

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

Prefers to be called \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Business Telephone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

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

Prefers to be called \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Business Telephone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

**If parents are divorced or remarried, please provide the following information:**

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

*Student lives with:*

Father  Mother  Stepfather  Stepmother  Other \_\_\_\_\_

*Please check any that apply:*

Parents separated  Mother remarried  Father remarried

Mother deceased  Father deceased

All correspondence should be sent to:

FATHER  MOTHER  OTHER \_\_\_\_\_

Please list, chronologically, all other children under 18 years of age living with the family:

Name	Date of Birth	School Attending
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

List all previous schools the applicant has attended:

School	Date	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the applicant repeated a grade?  Yes  No If yes, what grade? \_\_\_\_\_

Has the applicant been asked to withdraw from any school?  Yes  No If yes, please explain:

\_\_\_\_\_

Has the applicant ever had educational psychological testing?  Yes  No If yes, a complete copy of the testing must be submitted with the transcript.

Does the applicant have any mental, emotional, or physical handicaps which may affect his school experiences or progress?  Yes  No If yes, please explain:

\_\_\_\_\_

Does the applicant have a medical condition, including allergies, of which the school should be aware?  Yes  No If yes, please explain: \_\_\_\_\_

What do you see as the applicant's greatest strengths? \_\_\_\_\_

\_\_\_\_\_

What do you see as the applicant's greatest needs? \_\_\_\_\_

\_\_\_\_\_

How did you hear about Cornerstone Christian Academy? \_\_\_\_\_

Why do you want your child to attend Cornerstone Christian Academy? \_\_\_\_\_

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\_\_\_\_\_

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## CHRISTIAN PHILOSOPHY OF EDUCATION

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At Cornerstone Christian Academy, we believe the education of mankind begins with the discovery of God's instruction; all other education flows from this discovery. Without knowledge of God's plan for mankind, it is impossible to fully appreciate God's creation, order, attributes, and immutable laws. Life's purpose will be achieved when one has learned at the feet of Christ.

The academic and spiritual setting of Cornerstone Christian Academy is a discipleship-style learning experience. The primary emphasis is to share the message of salvation with those students who do not know Christ and to disciple students to have a deeper walk with Christ.

With the premise that parents are the true ministers of education, all parents will be expected to closely cooperate and actively participate in the educational program and in the overall development of their children. By being accountable, demonstrating their interest, and illustrating their willingness to support the school's program, the student will be better equipped for learning.

The aim of Cornerstone Christian Academy is to provide a nurturing and safe environment where the student is lovingly accepted, and their value is recognized. The development of the student encompasses the spiritual, intellectual, physical, and social areas. It is the goal of the school to challenge and motivate an individual to realize their full potential and establish a lifelong love of learning.

Realizing that teachers and staff set the tone for a school, Cornerstone Christian Academy will employ educators who possess and can joyfully articulate a testimony of their salvation through Jesus Christ and demonstrate a Christian lifestyle. The teachers will communicate spiritual absolutes based upon the Statement of Faith. The school strives to employ teachers who care personally about each child and can recognize their gifts and potential.

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## STATEMENT OF FAITH

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We believe there is one God, the Creator and Sustainer of the universe, the source of all truth, who is ever present, all powerful, all knowing, eternally existing in three persons – God the Father, God the Son, and God the Holy Spirit. – Matthew 28:19

We believe Jesus Christ in His incarnate form was conceived by the power of the Holy Spirit, born of a virgin, led a sinless life, was crucified for the sins of mankind, physically died, and rose bodily from the grave. He ascended to heaven and is seated at the right hand of God, providing all mankind the opportunity to experience eternal life with God and victory over the power of sin. This is the Gospel of Christ and there is no other way for salvation. – I Peter 3:18

We believe the Bible to be the inspired, infallible, authoritative, and inerrant Word of God, which gives the blueprint for successful living. – II Timothy 3:16-17

We believe mankind was created in God's image to enjoy a personal, intimate relationship with Him. Because of God's great love for us, He gave us a free will. Mankind chose to sin thereby separating himself from God. Being rich in mercy, God draws all people by the Holy Spirit to receive Christ's gift of salvation, providing restoration between mankind and God. – Isaiah 53:6

We believe a person's character and lifestyle should be conformed to the image of Jesus Christ. This ongoing process leads to joy, peace, purpose, and brings honor to God. – Romans 8:29

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## COMMITMENTS TO THE SCHOOL BY THE STUDENT AND FAMILY\*

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\*You will also sign for these requirements in your final contract

1. We have carefully read and agree with the Christian Philosophy and Statement of Faith of Cornerstone Christian Academy.
2. We will support the policies and procedures set forth in the school handbook.
3. We give the school the responsibility and authority to discipline our child as they judge necessary, while notifying the parent of the disciplinary action.
4. We will abide by the Biblical principle described in Matthew 18 to settle any school-related grievances.
5. We will attend the Parent Teacher Fellowship meetings and other school functions requiring our participation, and we will use our God-given talents and abilities to perform services needed at the school.
6. We agree that in the event my child requires medical or dental treatment while engaged in school activities, reasonable efforts will be made to contact us; however, if we cannot be reached, we hereby consent and give permission to the school's sponsor or any adult acting on behalf of the school with respect to the activity, as agent for us, to consent to any x-ray examination; injections; anesthesia; medical dental or surgical diagnosis and treatment; and hospital care and treatment advise and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital.
7. We give permission for our child to attend field trips authorized by the school.
8. We give permission for photographs taken of our family members to be used in school and community materials.
9. We understand Cornerstone Christian Academy is a non-profit ministry. Tuition and student fees do not cover all operating costs. Additional funding must be provided by families and friends of Cornerstone Christian Academy. The Cornerstone Annual fund is the primary way funds are collected. The school highly encourages 100% participation from our families no matter the amount. With high participation, Cornerstone is better positioned to request grants from other organizations.
10. We agree to abide by the enrollment contract for payment of all tuition and fees.

A student is enrolled for the entire year or that portion remaining after the enrollment date. Cornerstone Christian Academy relies primarily on tuition income to meet operating expenses. A major portion of the school's expense is related to faculty salaries, and because salary obligations are contractual in nature and based on projected enrollment, it is essential that the income from tuition be assured for the entire year. The applicable annual tuition remains payable notwithstanding delays or failure of entrance absence, withdrawal, suspension, or dismissal by the school, regardless of the reason, or by any actions of the student or his parent or guardian. All unpaid tuition and fees shall become due and payable upon separation of the student from the school for any reason. If the student shall elect to withdraw, there will be no refund of any unused tuition and/or student fees. Full payment of tuition is a condition of enrollment. Students will not be enrolled nor will curriculum materials be issued until the scheduled payments have been received in full. All accounts must be current in order for a student to return to school after the Christmas holidays.

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## PRESCHOOL TEACHER/DIRECTOR RECOMMENDATION

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(For Kindergarten Applicants Only)

***A. This portion is to be completed by the applicant's parent and given to the current teacher to complete and return to Cornerstone.***

Name of Applicant: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

My son/daughter is applying for admission to Cornerstone Christian Academy. I would appreciate you completing this form and returning it directly to Cornerstone Christian Academy sealed in an envelope. I hereby authorize the release of my child's records and evaluative data to Cornerstone Christian Academy.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Teacher/Director: \_\_\_\_\_ Name of School: \_\_\_\_\_

***B. This portion to be completed by a current preschool or kindergarten teacher/director and returned to Cornerstone.***

The above-named applicant is applying for admission to Cornerstone Christian Academy. The Office of Admissions finds candid, thorough evaluations invaluable to the decision-making process. Please include any information that you feel is pertinent, and remember that your prompt appraisal of the candidate will help ensure full consideration. Thank you.

1. Please rate the applicant in each of the following areas:

	Superior	Above Average	Average	Below Average	Not Applicable
Motivation					
Classroom Behavior					
Dependability					
Ability to Work w/Others					
Personal Integrity					
Creativity					
Oral Expression					
Number Concepts					
Differentiating Shapes					
Listening Skills					
Following Directions					
Attention Span					
Staying on Task					
Completing Work					
Spiritual Sensitivity					
Parental Support					

2. Please include additional comments to expand or qualify your appraisal of the applicant.

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3. Please indicate any areas where the applicant might need special attention from Cornerstone Christian Academy staff members.

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4. How long have you known the applicant? \_\_\_\_\_

5. I  recommend  do not recommend  recommend with reservation  
this student for enrollment at CCA.

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please Print or Type)

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

Position or Occupation: \_\_\_\_\_

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

**PLEASE RETURN TO:**

Office of Admissions  
Cornerstone Christian Academy  
5295 Triangle Parkway  
Norcross, GA 30092  
770-441-9222