



Christian Fellowship Academy

Admissions Form

A ministry to inform & encourage Christian families to educate children from a Christian worldview and for fellowship with like minded families.

Name of Parents: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Student(s) Name: _____ **Age:** _____ **Date of Birth:** _____ **Grade:** _____

Statement of Cooperation/ Teacher Agreement:

1. We have read all the information and will comply with the requirements. Failure to comply may result in dis-enrollment.
2. We have selected or are in the process of selecting the curriculum material to be used during this school year for each child. We realize parents are solely responsible for selecting curriculum and maintaining the student's grades, transcripts, and diploma. The administrator can offer help with these issues, if needed. If requested, the school can fill out transcripts or issue diplomas for an additional fee.
3. We will maintain a study plan/schedule for each child during the school year.
4. We will maintain an attendance record for each child during the school year showing a minimum of 180 days of attendance per calendar year.
5. We will submit a copy of the attendance calendars on June 15. By law, the school is responsible for the maintenance of attendance records, therefore; the parents are responsible for submitting the records to the school.
6. We will maintain student files for each child. These files will contain enrollment records, progress reports, attendance record, & curriculum materials completed during the school year.
7. We agree to contact Christian Fellowship Academy administrators to notify them if we are transferring our children to another school, we have changed our address or phone number.
8. We realize to continue our enrollment with CFA we must re-enroll by Aug. 1. After that date we realize we will be withdrawn and become subject to truancy laws.
9. We release the CFA from all responsibility or liability for the education, social, and physical well-being of our children.

Signature of Parent(s): _____ Date: _____

_____ Date: _____