



## **Student Records Release**

Former school name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Parent permission is no longer required when records are requested by authorized school personnel (family educational rights and privacy act, final rule on educational records, federal register, June 17, 1976 vol. 41, no. 118, page 24673.)

### **Request for records**

Please send a copy of the following student/s transcripts records including:

- |                  |                                 |
|------------------|---------------------------------|
| 1. Grades        | 4. Health records               |
| 2. Credits       | 5. Standardized testing results |
| 3. Grading scale | 6. Disciplinary records         |

Comments: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Please email to: [compassionchristianaz@gmail.com](mailto:compassionchristianaz@gmail.com)

Receiving registrar name: \_\_\_\_\_



## Student Enrollment Application

### Student Information

Student's Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Entering Grade \_\_\_ Gender: \_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Ethnic Origin: Caucasian \_\_\_ African American \_\_\_ Asian \_\_\_ Native American \_\_\_ Other \_\_\_

Compassion Christian Academy admits students of any color, race, nationality, or ethnic background.

Previous School Attended: \_\_\_\_\_

Does the student have a 504 Plan / IEP / MET? (If yes, circle one) \_\_\_ Please provide a copy.

### Parent/Guardian Information

Father/Guardian Name \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_

Employer \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_

Employer \_\_\_\_\_

With whom does the student primarily live with? \_\_\_\_\_

If parents are separated or divorced, with whom does the student primarily live with? \_\_\_\_\_

### Birth Certificate

Arizona state law requires Compassion Christian Academy to keep a copy of your child's birth certificate on file. Please provide a copy with the enrollment form.



### Emergency Contact Information

Please list two or three individuals who can temporarily care for your child if you are unable to be contacted. The people listed below are authorized to pick up and care for my child. They can be reached during school hours at the numbers listed below. *Please do not list parents/guardians.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Alternate # (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Alternate # (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Alternate # (\_\_\_\_) \_\_\_\_\_

### Emergency Medical Information

In case of a serious accident or illness, your child will be sent to an emergency medical facility.

Parents/Guardians will be responsible for all expenses.

Primary Physician \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Known Allergies \_\_\_\_\_

Daily Medications \_\_\_\_\_

Other Important Medical Information

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### Immunization Record

Arizona state law requires Compassion Christian Academy to keep a copy of your child's immunization records on file. Please provide a copy of your record with this enrollment.

List any restrictions or specifications regarding your child's medical history, medications currently taking, allergies to medications, etc., to be provided for hospital or doctors.

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I hereby grant authority and/or permission for emergency medical treatment of my child required in my absence.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Parent Authorized Drivers

Student name: \_\_\_\_\_

I authorize the following listed drivers to pick up my student(s) from Compassion Christian Academy. If I decide to make any changes to this list, I will send a written note to an administrator denoting them.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Authorized Driver

Mother \_\_\_\_\_ Phone \_\_\_\_\_

Father \_\_\_\_\_ Phone \_\_\_\_\_

### Additional Drivers

\_\_\_\_\_ Phone \_\_\_\_\_

Please list any person(s) that are not permitted to pick up your child.

\_\_\_\_\_

\_\_\_\_\_



## **General Enrollment Policy**

Compassion Christian 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 students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship, and athletic and other school administered programs.

Compassion Christian Academy recognizes that it cannot meet the educational needs of all children. It is a school offering a high quality of Christian training, but it is not designed to be a correctional institution for problems arising beyond those usually encountered in average school children. While we love all children, the school is not equipped to meet all special needs.

Some children do not adjust to a disciplined academic environment and the school reserves the right to use their discretion to place such students on probation for a reasonable corrective period of time and to dismiss any student who does not cooperate with the total educational process.

All new students are admitted on a probationary basis for the first quarter. When on probation, a student can be dismissed at any time if it is in the best interest of the school to do so.

Initials \_\_\_\_\_

Hebrews 12:11 says “No discipline seems pleasant at the time, but painful. Later on, however, it produces a harvest of righteousness and peace for those who have been trained by it.”

I have read and understand the policy presented. I agree to support and adhere to this policy.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## Attendance Policy

Arizona Law requires students to attend school from six years of age through the 10<sup>th</sup> grade or 16 years of age. (AZ state Truancy Law A.R.S. 15-802, 15-803, 15-804)

The administrator's office will be notified after five (5) absences or ten (10) tardies per quarter. An excess of these amounts may jeopardize the student's continued enrollment in the school. School attendance is ultimately the responsibility of the student and his/her family. It is the obligation of the parents/guardians to contact the school regarding any absence of a student. Students should be absent from school only when absolutely necessary, as much of the classroom activity cannot be made up. The benefit of lectures, discussions and participation is lost forever to those who are absent.

**Absence:** is defined as a student not being present in his/her classroom during an assigned class period. More than 10 absences in one semester may result in a student being dropped from the class and forfeiture of credit for that semester.

**Tardy:** is defined as arriving after the prescribed start time for an assigned class period. Three unexcused tardies equal 1 unexcused absence. Each teacher may add individual class requirements to this definition.

### **Excused Absence:**

Is defined as any absence from one or more classes authorized by a physician, pastor or staff member. For each day a student is absent they will have that same number of days to make up missed work.

### **Unexcused Absence:**

Is defined as any absence from one or more classes unauthorized by a physician, pastor or staff member. All classwork is required to be made up for a no credit grade.

### **Suspension:**

Is an unexcused absence. Zeros are given in every category for each day of that suspension including tests or quizzes administered during suspension days. Classwork and homework assigned that day may NOT be made up.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

(4<sup>th</sup> – 12<sup>th</sup> Grade)



## Probationary Admissions Contract

“Be imitators of God...” Ephesians 5:1

“Be perfect...as your heavenly Father is perfect.” Matthew 5:48

The student, \_\_\_\_\_ will be admitted to Compassion Christian Academy’s Junior/Senior High Young Adult Academic Program on a probationary basis. Progress of the student will be evaluated at the first quarter mid-term and quarter grading period and at the end of the school academic year. The purpose of each evaluation is to determine the student’s Christian and academic suitability for Compassion Christian Academy’s preparatory program. Based on academic assessments. The student must maintain a passing grade in each class. Along with the traditional student academic evaluations, the staff will note the following behavior traits:

1. Applications of Christian principles
2. Acceptance of responsibility
3. Employment of self-control in actions and speech
4. Trustworthiness
5. Obedience and cooperation
6. Courteousness
7. Respectfulness toward authority and property
8. Completion of work on time
9. Neatness and orderliness
10. Listening and following directions
11. Usage of time to good advantage
12. Working independently

At any time, the parent and/or school administration may permanently withdraw the student due to student conflicts with the school’s Christian and/or academic standards. The student will be on probationary status for a minimum of one school quarter. At the end of the quarter the administrator will determine:

- A. The student’s continuance on probationary status
- B. The student’s admittance to regular status or
- C. The student’s dismissal

“Finally, Brothers...aim for perfection, listen to my appeal, be of one mind, live in peace. And the God of love and peace will be with you.” 2 Corinthians 13:11

We have read and fully understand and agree with CCA’s probationary program.

Student: \_\_\_\_\_ Date \_\_\_\_\_ Parent \_\_\_\_\_



## Disciplinary Program

We have read, understand and unconditionally support Compassion Christian Academy's Discipline Policy in the Student Handbook.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Student \_\_\_\_\_ Date \_\_\_\_\_

## Parent Pledge

I agree to uphold and support the spiritual standards of the school.

I agree to uphold and support the high academic standards of the school.

I agree to help foster/build a harmonious relationship between my child, his/her teacher, and myself.

I agree to uphold and support the established school policies and procedures.

I agree to uphold and support the school's discipline procedure and authorize the school to employ the discipline procedure, as it seems prudent and expedient to the training of my child.

I agree to uphold and support school activities and fundraisers.

I agree to provide a written excuse or verbal excuse by telephone to report absences or tardiness.

I agree to uphold and support the school's homework policies and provide my child encouragement to complete all academic assignments and scripture memorization assignments.

I agree to uphold and abide by the financial policies of the school.

I agree to uphold and support the school administration teaching staff, parents, and students of Compassion Christian Academy.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## Immunization Records

As of January 1, 1992, all private and parochial schools are included in the Arizona state immunization law. This law requires each school to report the immunization status of all pupils.

By state law, your child will not be allowed to attend school without an immunization record or an acceptable exemption statement submitted.

Arizona State law requires children enrolled in private schools to be age-appropriately immunized with OPV (oral polio), DTP (diphtheria, tetanus, pertussis), HIB (Hemophilus, influenza B), and MMR (measles, mumps, rubella). Failure to receive the required immunizations forces administration to exclude the child from the school.

All new students enrolling in Compassion Christian Academy will need to show proof of their immunization records.

Parents must provide documentation of all immunizations with the name of the physician or health care agency (your child's lifetime immunization record book is sufficient). The state will not allow the school to accept immunization records by word of mouth.

If your child has not received the necessary immunizations, take your immunization record to your physician or local health department to get the required immunizations and/or records.

Exemptions to the immunization requirements are available. If immunizations are against your personal beliefs, you must complete, sign, and return an exemption statement to the school. If any immunizations cannot be given due to medical reasons, you must submit a medical exemption signed by a physician or representative of a local health department. Exemptions will only be accepted on forms available, in-person upon request from the school office.

Parents of currently enrolled students are required to keep up with their child's immunizations, and booster vaccinations when necessary.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## High School Credits

Compassion Christian Academy is a not-for-profit school and ministry. As a nonprofit institution, the school is not required to be accredited by the State of Arizona or any other agency.

The credits earned by students here at the high school level are not always accepted by the public high school system. Should you decide to transfer your high school student to another school during their high school years, that school is not required to accept the credits your high school student earned while attending Compassion Christian Academy.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## Permission to Publish

Permission Form for Publication of Student Work/Writing/Photograph/  
Video Clip/Name on the World Wide Web (Internet)

Student Full Name \_\_\_\_\_

I understand that my (above named) child's work/writing/photograph/video clip/ or name may be considered for publication on the Internet as part of the school's web page or the web page of a school club or school organization for educational and/or school-related purposes, including but not limited to promotion of the school, school clubs, and school organizations, public acknowledgement of my child's work, as an information resource about the school. I understand that when such publication occurs my child's art work/writing/photograph/video clip/or name will be available to users of the Internet who access the web page(s) whether from within the school or outside of the school.

No student's full name, social security number, student number, home address, telephone number, or e-mail address, or those of the student's family members will be published on school web pages without separate permission of the parent or guardian.

### **Please check the appropriate box below and sign.**

Yes, I grant permission for the publication of my child's art work/writing/photograph/video clip/ or name on the school's webpage or the webpage of a school club or school organization for educational and/or school-related purposes, including but not limited to promotion of the school, school clubs and school organizations, public acknowledgement of my child's work, and as an information resource about the school.

No, I do not grant permission for the publication of my child's artwork/writing/ photograph/video clip/ or name.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*(Students over the age of 18, please sign below.)*

I, \_\_\_\_\_, also give my permission for publication of my artwork/writing/ video clip/ or name on school webpages.

Student signature \_\_\_\_\_ Date \_\_\_\_\_