

Christian College Preparatory Academy: Family Registration

Mail all forms and CCPA registration to:
CCPA, PO Box 92223, Austin, Texas 78709

Student Information

(Please Print)

LAST NAME:		Office Use	
FIRST NAME:		Registration Fee:	Check #: _____
AGE: as of 9/1/2008		\$15 per family	Date: _____
DOB: Month:		Medical Release:	_____
Day:		Liability Waiver:	_____
Year:		Policy Acceptance:	_____
SEX:		Permission to Leave Campus:	_____
GRADUATION YEAR:			
STUDENT EMAIL:			
MEDICAL CONDITION:			

Class Schedule

PERIOD Please lists according to start time of class	SUBJECT	GRADES			TEACHER
		1 ST SEM.	2 ND SEM.	YEARLY AVE.	
First (8:45 or 9:10)					
Second (10:40)					
Third (12:35 or 12:55)					
Fourth (2:30)					
Fifth (4:05 or 4:25)					
Sixth (5:00 or 5:30)					
Seventh (6:30)					

Parent Information

LAST:	HOME PHONE:
HUSBAND:	WORK PHONE:
WIFE:	CELL:
STREET ADDRESS:	PARENT EMAIL:
MAILING ADDRESS:	DATE SUBMITTED
CITY:	
STATE:	
ZIP:	

Student Name _____

Christian College Preparatory Academy: Medical Release

Medical Release:

In case of emergency, I authorize Christian College Preparatory Academy to seek medical treatment for

Child #1, _____

Current medications: _____

Pre-existing conditions: _____

Special Instructions: _____

Child #2, _____

Current medications: _____

Pre-existing conditions: _____

Special Instructions: _____

Child #3, _____

Current medications: _____

Pre-existing conditions: _____

Special Instructions: _____

In case of emergency please contact:

(Name)

(Number)

Alternative contact:

(Name)

(Number)

(Parent Signature)

(Date)

Christian College Preparatory Academy

Liability Waiver

I will not hold Christian College Preparatory Academy, its teachers or volunteers, or host Church liable for any unforeseeable injuries or illnesses that may occur to any member of my family while participating in CCPA classes, activities or while on campus.

_____ (Parent Signature)

_____ (Date)

Policy Acceptance Agreement

We have read the *Christian College Preparatory Handbook* and agree to abide by the policies stated therein.

Parent: _____ (Parent Signature)

Date: _____

Children: _____ (Child Signature)

_____ (Child Signature)

Permission to Leave Campus

My child (ren), _____ has permission / does not have permission to leave campus when not in class. (Please circle one)

Please list any extenuating conditions that may apply.

*****Note: CCPA will not be held responsible for students who leave campus without permission. CCPA does not require students to sign out. Permission to leave campus is strictly on the honor system.**