

## Cindy Roach, Principal 37993 HWY 77 Ashland, AL 36251

Ashland, AL 36251 Phone: (256) 354-7778 - Email: croach@ccca.us

(\*\*Sign and date last 2 pages)

| School Year: 2024-2025 Grade Entering: |                             | Student SS#:  |        |  |
|--|-----------------------------|---------------|--------|--|
| Student Name:                          |                             |               |        |  |
| (Last)                                 | (First)                     | (Middle)      |        |  |
| Date of Birth:                         | Age:                        | _Sex: M or F  |        |  |
| Home Phone:                            | Cell Phone: Work Phone:     |               |        |  |
| Mailing Address:                       |                             |               |        |  |
| (Street)                               | (City)                      | (State)       | (Zip)  |  |
| Email Address:                         |                             |               |        |  |
|  | Mother's Name:              |               |        |  |
| Cell Phone:                            | Cell Phone:                 |               |        |  |
| Employer:                              | Employer:                   |               |        |  |
| Work Phone:                            | Work Phone:                 |               |        |  |
| If parents are separated or divorced   | l, with whom does the stude | ent live?     |        |  |
| If applicable, who has legal custody   | of the student?             |               |        |  |
| How did you hear about CCCA?           |                             |               |        |  |
| What was the main reason you selec     | cted CCCA?                  |               |        |  |
| Where did the student last attend so   | chool?                      |               |        |  |
| Address or phone number of last sc     |                             |               |        |  |
| What church do you attend?             |                             |               |        |  |
| Collared chapel shirts are required    |                             |               |        |  |
| Has the student ever been: expelled    | ? suspended?                | retained in a | grade? |  |
| If answering yes to any of the above   | , please explain:           |               |        |  |
|  |                             |               |        |  |
|  |                             |               |        |  |
|  |                             |               |        |  |
|  |                             |               |        |  |

| Does the student have any learning, mental or physical disabilities? If yes, please explain: |                    |                    |                    |
|--|--------------------|--------------------|--------------------|
| Does the student take any medications on a daily basis purpose:                              |                    | s, please list med | ications and their |
| *A medication form must be filled out and on file at sc<br>school                            |                    | our child to be g  | iven medicine at   |
| Does your child have any food or other allergies?  |                    |                    |                    |
| If Yes, What?  | Mild               | Moderate           | Severe             |
| Family Physician:  |                    |                    |                    |
| (Name)   |                    | (Phone)            |                    |
| <b>Emergency Contact Information (please list name, rela</b>                                 | ation, and phone i | number):           |                    |
|  |                    |                    |                    |
|  |                    |                    |                    |
|  |                    |                    |                    |
|  |                    |                    |                    |
|  |                    |                    |                    |
|  |                    |                    |                    |
| Please list the names of all persons and phone number  | s authorized to pi | ck up your stude   | nt from CCCA:      |
|  |                    |                    |                    |
|  |                    |                    |                    |
|  |                    |                    |                    |
|  |                    |                    |                    |
|  |                    |                    |                    |
|  |                    |                    |                    |
| Any additional information you would like for us to kr                                       | 10W:               |                    |                    |
|  |                    |                    |                    |
|  |                    |                    |                    |
|  |                    |                    |                    |
|  |                    |                    |                    |
|  |                    |                    |                    |
| *********  | *****              | ****               | ****               |
| Legal Parent/Guardian:   |                    | Date:              |                    |

## **Foundation of Discipline**

"It is the intent and heart of the leadership of the Clay County Christian Academy to assist the parents as an "extension of their Christian home" by developing a system of discipline in an effort to help mold the hearts of our children (students) toward a Christ-like behavior in their lives. We feel that the school has a responsibility to re-enforce and teach the truths of scripture as depicted in God's Word. No person can live a life of perfection twenty-four hours a day, seven days a week. However, it is the desire of our school leadership that we encourage students to not only "walk the Christian walk" at school, but out in public as well. Students need to realize that it is indeed a privilege to attend a Christian school, and as a follower of Christ, his or her responsibility for appropriate behavior extends beyond the school campus or school activities. After all, appropriate behavior honors not only God, but a student's family, church, and school as well. Conversely, inappropriate behavior reflects negatively on everyone concerned. Thus, as a Christian school student and follower of Christ, it is essential that each student recognize his or her responsibility to walk up rightly and try to make the right choices at all times.

Students are a representative of this school, therefore, any behavior that shines a negative light on CCCA will become a school issue that will be dealt with.

- Absolutely no drinking, smoking, vaping, tobacco use, drugs will be tolerated on or off campus!
- Absolutely no posting anything negative about students, staff, or the school on social media!
- Absolutely no posting pictures or videos that does not honor God on social media!

The handbook is outlined with very specific discipline codes and actions, along with all our school procedures. Please read it with your child(ren) and return Verification of Parental Knowledge signed and dated within the first week of school. Not returning the form to the school is not used as an excuse to not abide by the rules at CCCA.

| <br>Parent Signature  |
|-----------------------|
| <br>Student Signature |
| <br>Date              |