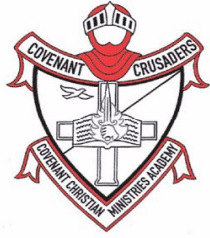


# **COVENANT CHRISTIAN MINISTRIES ACADEMY**



## **ADMISSIONS PACKET**

**Covenant Christian Ministries Academy  
P.O. Box 4065  
Marietta, GA 30061  
770-919-0022    770-426-4267  
[www.ccmacademy.org](http://www.ccmacademy.org)**



## COVENANT CHRISTIAN MINISTRIES ACADEMY

995 Roswell Street, Suite 305, Marietta, GA 30060  
Mailing Address: P.O. Box 4065 Marietta, GA 30061

Phone: 770-919-0022 Fax: 770-919-2098

Pastor: Frederick T. Anderson

Superintendent: Vanessa Anderson

Greetings!

Welcome to Covenant Christian Ministries Academy, the place where students are educated in an environment where the wisdom of God has preeminence! We look forward to being *laborers together with you* in guiding your child(ren) towards a life of productivity in today's global society. Our prayer is that God's ultimate purpose and plan for your child's life will be realized.

In this packet you will find the following items:

- Student/Parent Handbook
- Enrollment Application
- Administrator/Counselor Recommendation
- English Teacher Recommendation
- Math Teacher Recommendation
- Children's Physical Form
- Pastor's Recommendation
- Authorization to Obtain Confidential Information
- Transcript Release Form
- CCMA brochure
- Uniform vendor brochure
- Sample menu

Please review the handbook and brochures thoroughly. Return the completed application, forms, and required supporting documents to the business office with your registration fee to begin the process. Admissions testing and parent/student testing will be scheduled. The handbook should be brought with you to the interview. Please note that students entering sixth grade and higher must attend the interview. Young children should not be brought to the interview. Anticipate 4 to 6 weeks to complete the entire process. Time may vary based upon receipt of previous school records and all required documentation.

May the Lord continue to order your steps and be the source of your supply as you seek God's best for your family.!

In Him,

Covenant Christian Ministries Academy  
Administration



# COVENANT CHRISTIAN MINISTRIES ACADEMY

P. O. Box 4065 \* Marietta, GA 30061  
(770) 919-0022

## Enrollment Application

### FOR OFFICE USE ONLY

Date Submitted: \_\_\_\_\_ Birth Certificate: \_\_\_\_\_ PHOTO  
Student Records: \_\_\_\_\_ Registration Fee: \_\_\_\_\_  
August Tuition: \_\_\_\_\_ Sponsorship Fund: \_\_\_\_\_  
Immunization Records: \_\_\_\_\_ Entrance Test: \_\_\_\_\_  
Admission Acceptance: \_\_\_\_\_ Photo: \_\_\_\_\_

Student: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

S. S. N.: \_\_\_\_\_ Place of Birth (City): \_\_\_\_\_ (State): \_\_\_\_\_

Student resides with: [ ] Both Parents [ ] Father [ ] Mother [ ] Guardian

Father's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Mother's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Person(s) responsible for handling the financial obligation for this school year if different from above:

Name: \_\_\_\_\_ Telephone: (W) ( ) \_\_\_\_\_ - \_\_\_\_\_ (H) ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_



**EMERGENCY/MEDICAL INFORMATION**

*Should an emergency occur and the parents cannot be reached, please contact the following people (local telephone number only):*

1. Name: \_\_\_\_\_ Telephone number:( ) \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone number:( ) \_\_\_\_\_

Name of Student's Physician: \_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_

Name of Student's Dentist: \_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_

*I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.*

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

*I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency situation; other children in the facility will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.*

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

**AUTHORIZED PICK-UP PERSON(S)**

*Person(s) authorized by parent to pick-up student from school:*

1. Name: \_\_\_\_\_ Telephone number:( ) \_\_\_\_\_ - \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone number:( ) \_\_\_\_\_ - \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone number:( ) \_\_\_\_\_ - \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***To help us minister effectively to your child, please inform us of any changes to be made on this application during the school year.***

Please read entirely and initial each section

**FINANCIAL INFORMATION**

**Registration Fees:**

Registration fees reserve the student a place on the class list. Payment of these fees are due when students are enrolled for classes. **This fee is non-refundable and non-transferrable.** If denied acceptance, 50% of the fee will be refunded.

Initial: \_\_\_\_\_

**Tuition:**

Tuition can be paid in full for the year, for a semester or monthly. Monthly tuition payments are due the first of each month beginning June 1st and ending March 1st. Payments not received by the 3rd of the month will be subject to a 20% late fee per student. All checks should be made payable to Covenant Christian Ministries Academy. Parents are expected to mail or bring tuition payments directly to the office. **Students are not to handle tuition payments.**

Initial: \_\_\_\_\_

**STUDENT ACCEPTANCE**

The selection of students will be based upon interviews with the administration and the submission of all fees and forms.

Initial: \_\_\_\_\_

**IMMUNIZATIONS**

State laws require that all schools have records of immunization for each student. No student will be accepted or allowed to attend Covenant Christian Ministries Academy until immunization records are complete.

Initial: \_\_\_\_\_

**NOTICE OF NON-DISCRIMINATORY POLICY**

Covenant Christian Ministries Academy, as a ministry of Covenant Christian Ministries, admits students of any race, color, national and ethnic origin, to all rights, privileges, programs and activities made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, admission policies, scholarships, and other school programs.

Initial: \_\_\_\_\_

# Covenant Christian Ministries Academy



*Academic Excellence in a Christ-Centered Environment*

## ADMINISTRATOR-COUNSELOR RECOMMENDATION

To Applicant:

Please complete this section and deliver this form to your principal or guidance counselor along with the Transcript Request Form and Teacher Recommendation Forms. The person making the recommendation will forward those completed forms directly to the academy. Recommendations become the confidential property of Covenant Christian Ministries Academy and are not subject to applicant or parental review.

Student's name \_\_\_\_\_ Current grade level \_\_\_\_\_

Date \_\_\_\_\_ Current administrator or counselor's name \_\_\_\_\_

Name of current school \_\_\_\_\_

School address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School phone \_\_\_\_\_ Fax \_\_\_\_\_ County \_\_\_\_\_

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

### To be filled out by Administrator

	Exceptional	Above Average	Average	Below Average	Poor
Academic performance	5	4	3	2	1
Academic ability	5	4	3	2	1
Conduct	5	4	3	2	1
Extra-curricular performance	5	4	3	2	1
Integrity	5	4	3	2	1
Leadership potential	5	4	3	2	1
Motivation	5	4	3	2	1
Respect for authority	5	4	3	2	1
Self-confidence	5	4	3	2	1
Self-discipline	5	4	3	2	1

---

P.O. Box 4065 \* Marietta, GA 30061 \* 770-919-0022 \* Fax 770-919-2098

In what capacity and for how long have you known this student? \_\_\_\_\_

---

---

Comment on the student's overall attitude toward school. \_\_\_\_\_

---

---

---

Has this student been subject to any serious disciplinary actions? If yes, please explain. \_\_\_\_\_

---

---

Are you aware of any history of involvement that this student has with alcohol or drugs? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

---

---

Provide a candid depiction of the student's character. \_\_\_\_\_

---

---

---

Is there any evidence of a learning disability or have specific modifications been made to enable the student to meet academic requirements? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

---

---

---

---

If the above question was answered "Yes", do you feel that the student would be successful in a regular classroom setting at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional comments:

Thank you for your assistance in evaluating this student.

Date \_\_\_\_\_ Signature of administrator-counselor \_\_\_\_\_



# Covenant Christian Ministries Academy



*Academic Excellence in a Christ-Centered Environment*

## ENGLISH TEACHER RECOMMENDATION

To Applicant:

Please complete this section and deliver this form to your English teacher. The person making the recommendation will forward this completed form to the administrator or guidance counselor who will mail it directly to the academy. Recommendations become the confidential property of Covenant Christian Ministries Academy and are not subject to applicant or parental review.

Student's name \_\_\_\_\_ Current grade level \_\_\_\_\_

Date \_\_\_\_\_ Current administrator or counselor's name \_\_\_\_\_

Name of current school \_\_\_\_\_

School address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School phone \_\_\_\_\_ Fax \_\_\_\_\_ County \_\_\_\_\_

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

### To be filled out by English teacher

Provide the name of the course and textbooks used in the course. \_\_\_\_\_

Describe the applicant's strengths in English. \_\_\_\_\_

Describe any perceived weaknesses in English. \_\_\_\_\_

Does the student possess proficient comprehension and usage of basic grammar concepts? If not, please explain.

Describe applicant's knowledge of literary concepts. \_\_\_\_\_

To what extent does this applicant contribute to class discussions?

Eagerly \_\_\_\_\_ Occasionally \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_

P.O. Box 4065 \* Marietta, GA 30061 \* 770-919-0022 \* Fax 770-919-2098

Recommendation as a student

	Exceptional	Good	Average	Poor
1. Academic achievement	4	3	2	1
2. Academic potential	4	3	2	1
3. Attitude toward teachers	4	3	2	1
4. Written expression	4	3	2	1
5. Integrity	4	3	2	1
6. Reaction to criticism	4	3	2	1
7. Responsibility and promptness	4	3	2	1
8. Oral expression	4	3	2	1
9. Reading skill (fluency and comprehension)	4	3	2	1
10. Work ethic	4	3	2	1

Recommendations as a person

	Exceptional	Good	Average	Poor
1. Dependability	4	3	2	1
2. Emotional stability	4	3	2	1
3. Honesty and trustworthiness	4	3	2	1
4. Initiative	4	3	2	1
5. Leadership potential	4	3	2	1
6. Maturity	4	3	2	1
7. Peer compatibility	4	3	2	1
8. Personal appearance	4	3	2	1
9. Spirit of cooperation	4	3	2	1
10. Warmth of personality	4	3	2	1

Would you recommend this student for honor's or AP English? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Additional comments:

Thank you for your assistance in evaluating this student.

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

# Covenant Christian Ministries Academy



*Academic Excellence in a Christ-Centered Environment*

## **MATH TEACHER RECOMMENDATION**

To Applicant:

Please complete this section and deliver this form to your math teacher. The person making the recommendation will forward this completed form to the administrator or guidance counselor who will mail it directly to the academy. Recommendations become the confidential property of Covenant Christian Ministries Academy and are not subject to applicant or parental review.

Student's name \_\_\_\_\_ Current grade level \_\_\_\_\_

Date \_\_\_\_\_ Current administrator or counselor's name \_\_\_\_\_

Name of current school \_\_\_\_\_

School address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School phone \_\_\_\_\_ Fax \_\_\_\_\_ County \_\_\_\_\_

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

---

### **To be filled out by math teacher**

Provide the name of the course and textbooks used in the course. \_\_\_\_\_

Describe the applicant's strengths in math. \_\_\_\_\_

Describe any perceived weaknesses in math. \_\_\_\_\_

Does the student possess proficient problem solving skills? If not, please explain. \_\_\_\_\_

Describe applicant's knowledge of advanced mathematical concepts. \_\_\_\_\_

To what extent does this applicant contribute to class discussions?

Eagerly \_\_\_\_\_ Occasionally \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_

---

P.O. Box 4065 \* Marietta, GA 30061 \* 770-919-0022 \* Fax 770-919-2098

Recommendation as a student

	Exceptional	Good	Average	Poor
1. Academic achievement	4	3	2	1
2. Academic potential	4	3	2	1
3. Attitude toward teachers	4	3	2	1
4. Written expression	4	3	2	1
5. Integrity	4	3	2	1
6. Reaction to criticism	4	3	2	1
7. Responsibility and promptness	4	3	2	1
8. Oral expression	4	3	2	1
9. Reading skill (fluency and comprehension)	4	3	2	1
10. Work ethic	4	3	2	1
11. Mathematics skill	4	3	2	1

Recommendations as a person

	Exceptional	Good	Average	Poor
1. Dependability	4	3	2	1
2. Emotional stability	4	3	2	1
3. Honesty and trustworthiness	4	3	2	1
4. Initiative	4	3	2	1
5. Leadership potential	4	3	2	1
6. Maturity	4	3	2	1
7. Peer compatibility	4	3	2	1
8. Personal appearance	4	3	2	1
9. Spirit of cooperation	4	3	2	1
10. Warmth of personality	4	3	2	1

Recommendation for level of math:

- \_\_\_\_\_ Algebra I
- \_\_\_\_\_ Geometry
- \_\_\_\_\_ Algebra II
- \_\_\_\_\_ Algebra III/Trigonometry
- \_\_\_\_\_ Pre-calculus
- \_\_\_\_\_ Calculus
- \_\_\_\_\_ Other \_\_\_\_\_

Thank you for your assistance in evaluating this student.

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

## Children's Physical Form

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

**A. MEDICAL HISTORY** (May be completed by parent)

1. Previous hospitalization: Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what? \_\_\_\_\_
  2. Is child allergic to anything: Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what? \_\_\_\_\_
  3. Any previous diseases or illness: Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what? \_\_\_\_\_
  4. Any operations: Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what? \_\_\_\_\_
  5. Any physical handicaps: Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please describe: \_\_\_\_\_
- 
6. Is child under care of a doctor: Yes \_\_\_\_\_ No \_\_\_\_\_
  7. Any history of mental retardation: Yes \_\_\_\_\_ No \_\_\_\_\_
  8. Any history of convulsions: Yes \_\_\_\_\_ No \_\_\_\_\_
  9. Any history of diabetes in family: Yes \_\_\_\_\_ No \_\_\_\_\_
  10. Any history of heart trouble: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
(Parent's Signature)

**B. PHYSICAL EXAMINATION:** This examination must be completed and signed by a licensed physician or his or her authorized agent who is currently approved by the Georgia Board of Medical Examiners.

Weight \_\_\_\_\_ Height \_\_\_\_\_ Heart \_\_\_\_\_

Chest \_\_\_\_\_ Throat \_\_\_\_\_ Neck \_\_\_\_\_ Abdomen \_\_\_\_\_ GU \_\_\_\_\_

Ext. \_\_\_\_\_

Neurological System \_\_\_\_\_

Teeth \_\_\_\_\_ Skin \_\_\_\_\_ Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_

Results of Tuberculin Test, if given: \_\_\_\_\_

(Type)

(Results)

Should activities be limited? \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_  
(Signature of physician or authorized agent who is currently approved by the Georgia Board of Medical Examiners)

\_\_\_\_\_  
Date of Examination

Office Address \_\_\_\_\_

\_\_\_\_\_  
Telephone Number

**C. IMMUNIZATION HISTORY:** The day care operation must enter the date each immunization was received. G.S. 130-90 (B) requires all educational facilities to have this information on file.

VACCINE	DATE	DATE	DATE	DATE	DATE
*DPT					
Td or Tetanus					
*Polio, oral					
*Rubeola (measles) I					
Mumps					
*Rubella (German Measles)					
MMR					

Required by State law. I.G.S. 130-87 (b) requires measles vaccine to be given on or after the first birthday.



## Covenant Christian Ministries Academy Pastor Recommendation

**Covenant Christian Ministries Academy** was originally established with the congregation of **Covenant Christian Ministries** in mind. Our goal is to assist Christian parents in the guidance of their children towards a productive life in society; to be an extension of a Christian home; to provide a quality academic program that will equip the students for higher learning. Our doors have been open, not only to the members of **Covenant Christian Ministries**, but to other parents as well. As our population of registrants broadens, we are requesting that each registrant secure a reference from their pastor to vouch for their Christian character and integrity. According to Amos 3:3, two cannot walk together, except they agree. Too many people profess one thing for admittance, but demonstrate otherwise once enrolled.

**To be completed by applicant:**

**Member Name:** \_\_\_\_\_

**Name of Church:** \_\_\_\_\_

**Pastor:** \_\_\_\_\_ **Church #:** \_\_\_\_\_

-----  
**To be completed by pastor:**

Pastor, we are asking that you take a moment to complete this form which will aid us in our decision making process for prospective students. Your signature and comments are welcomed. Thank you in advance for your cooperation.

1. Are both parents members of your congregation? Yes \_\_\_\_ No \_\_\_\_  
Number of years under your leadership: \_\_\_\_\_
2. Are they members in good standing, known by you? Yes \_\_\_\_ No \_\_\_\_
3. Are they **actively** involved in your local ministry? Yes \_\_\_\_ No \_\_\_\_  
If so, in what capacity? \_\_\_\_\_
4. Do they consistently display Christian character in their conduct and communication?  
Yes \_\_\_\_ No \_\_\_\_
5. Are they submitted under the guidelines of the ministry? Yes \_\_\_\_ No \_\_\_\_
6. Have they been involved with or caused any conflicts within the ministry?  
Yes \_\_\_\_ No \_\_\_\_
7. Are they debaters or quarrelers? Yes \_\_\_\_ No \_\_\_\_
8. Are their children involved in youth ministry? Yes \_\_\_\_ No \_\_\_\_

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

Note: Please return completed form to: **Attn: Vanessa Anderson**  
**Covenant Christian Ministries Academy**  
P.O. Box 4065  
Marietta, GA 30061

\_\_\_\_\_  
**Pastor's Signature** \_\_\_\_\_ **Date**

**COVENANT CHRISTIAN MINISTRIES ACADEMY**  
995 Roswell Street, Suite 305  
Marietta, GA 30060  
Mailing Address: P.O. Box 4065 Marietta, GA 30061  
Phone: (770) 426-4267  
Fax: (770) 919-2098

**AUTHORIZATION TO OBTAIN CONFIDENTIAL INFORMATION**

TO: \_\_\_\_\_ Date: \_\_\_\_\_  
Agency/School Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**You are hereby authorized to release confidential information on the following child:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name First M.I. Birthdate Former School

These records may be forwarded to:  
School Records Dept.  
Covenant Christian Ministries Academy  
P.O. Box 4065  
Marietta, GA 30061

Records to be released:  
 Academic Records                       Standardized Test Scores                       Psychological Assessment  
 Special Education Records                       Medical Records                       Other:

I also agree to the release of any third party information in my child's life to Covenant Christian Ministries Academy.

**Reason(s) for release:**  
 Educational Planning Purposes  Other: \_\_\_\_\_

I understand and agree to the above statement.

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

We do not have third party information.  
 We have third party information; should be requested from the original source.

**FOR COVENANT CHRISTIAN MINISTRIES ACADEMY USE ONLY:**  
Parent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**COVENANT CHRISTIAN MINISTRIES ACADEMY  
TRANSCRIPT RELEASE FORM**

*Allow 7 days for processing*

Date of Request: \_\_\_\_\_

**Please complete this release form and return it to the CCMA office:**

<b>Name</b>	
<b>Social Security #</b>	-       -
<b>Date of Birth</b>	/       /
<b>Phone Number</b>	(       )       -
<b>Street Address</b>	
<b>City/State</b>	
<b>Zip</b>	

**Please mail an Official Transcript to:**

<b>College/Person/Place</b>	
<b>Department</b>	
<b>Street Address</b>	
<b>City/State/Zip</b>	
<b>Fax Phone</b>	

<b>College/Person/Place</b>	
<b>Department</b>	
<b>Street Address</b>	
<b>City/State/Zip</b>	
<b>Fax Phone</b>	

**I authorize CCMA to release my transcripts as noted above:**

Parent/Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date sent: \_\_\_\_\_ Initials: \_\_\_\_\_