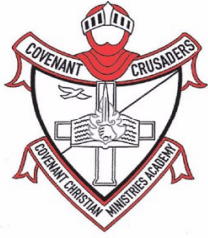


COVENANT CHRISTIAN MINISTRIES ACADEMY



ADMISSIONS PACKET

Covenant Christian Ministries Academy
P.O. Box 4065
Marietta, GA 30061
770-919-0022 770-426-4267
www.ccmacademy.org



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:

- Enrollment Application
- Student Proficiency 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
995 Roswell Street, Suite 305, Marietta, GA 30060
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

STUDENT PROFICIENCY RECOMMENDATION

To Applicant:

Please complete this section and deliver this form to your principal or guidance counselor along with the Transcript Request Form and other 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 _____

Current homeschool program: _____

School address _____ City _____ State _____ Zip _____

School phone _____ Fax _____ County _____

Signature of parent _____ Date _____

Please answer honestly:

	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

How long has your child been homeschooled? _____

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

Why did you choose to homeschool your child? _____

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 _____

Covenant Christian Ministries Academy



Academic Excellence in a Christ-Centered Environment

HOMESCHOOL OPTION (HSO)

Available Courses: Check all that apply

CORE COURSES

ENGLISH

- | | | | |
|--|----------|---|----------|
| <input type="checkbox"/> ENG-09 Grammar Composition 1
Course Length: Full Year | 1 credit | <input type="checkbox"/> ENG-10 Grammar Composition II/World Literature
Course Length: Full Year | 1 credit |
| <input type="checkbox"/> ENG-101 Honors English (G/C II)
Course Length: Full Year | 1 credit | <input type="checkbox"/> ENG-11 Grammar Composition III/American Literature
Course Length: Full Year | 1 credit |
| <input type="checkbox"/> ENG-110 Honors English (G/C III)
Course Length: Full Year | 1 credit | <input type="checkbox"/> ENG-12 Grammar Composition IV/English Literature
Course Length: Full Year | 1 credit |
| <input type="checkbox"/> ENG-12 AP Eng. Literature & Comp.
Course Length: Full Year | 1 credit | | |

HISTORY

- | | | | |
|---|----------|--|----------|
| <input type="checkbox"/> GGV-09 Geography/Government
Course Length: Full Year | 1 credit | <input type="checkbox"/> WDH-10 World History
Course Length: Full Year | 1 credit |
| <input type="checkbox"/> WDH-10H Honors World History
Course Length: Full Year | 1 credit | <input type="checkbox"/> USH-11 US History
Course Length: Full Year | 1 credit |
| <input type="checkbox"/> USH-11H Honors US History
Course Length: Full Year | 1 credit | <input type="checkbox"/> USH-110 AP US History
Course Length: Full Year | 1 credit |

MATH

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> ALG-01 Algebra I
Course Length: Full Year | 1 credit | <input type="checkbox"/> ALG-02 Algebra II
Course Length: Full Year | 1 credit |
| <input type="checkbox"/> AAT-03 Algebra III/Trigonometry
Course Length: Full Year | 1 credit | <input type="checkbox"/> GEO-11 Geometry
Course Length: Full Year | 1 credit |
| <input type="checkbox"/> ADM-11 Pre-Calculus
Course Length: Full Year | 1 credit | | |

SCIENCE

- | | | | |
|---|----------|---|----------|
| <input type="checkbox"/> BIO-10 Biology
Course Length: Full Year | 1 credit | <input type="checkbox"/> BIO-101 Advanced Biology
Course Length: Full Year | 1 credit |
| <input type="checkbox"/> CHE-11 Chemistry
Course Length: Full Year | 1 credit | <input type="checkbox"/> SCI-09 Physical Science
Course Length: Full Year | 1 credit |
| <input type="checkbox"/> PHY-12 Physics
Course Length: Full Year | 1 credit | | |

Covenant Christian Ministries Academy



Academic Excellence in a Christ-Centered Environment

HOMESCHOOL OPTION (HSO)

Available Courses: Check all that apply

ELECTIVES

BIBLE

- | | | | |
|---|-----------|--|-----------|
| <input type="checkbox"/> APO-02 Apologetics
Course Length: Full Year | 1 credit | <input type="checkbox"/> BIB-10 Bible Doctrines
Course Length: Full Year | 1 credit |
| <input type="checkbox"/> BIB-12 Church History/Revelations
Course Length: semester | .5 credit | <input type="checkbox"/> BIB-11 Genesis
Course Length: semester | .5 credit |
| <input type="checkbox"/> BIB-09 Kings of Israel: United/Divided Kingdom
Course Length: Full Year | 1 credit | <input type="checkbox"/> BIB-21 New Testament Survey
Course Length: Full Year | 1 credit |

HISTORY

- | | | | |
|---|----------|---|----------|
| <input type="checkbox"/> GGV-09 Geography/Government
Course Length: Full Year | 1 credit | <input type="checkbox"/> WDH-10 World History
Course Length: Full Year | 1 credit |
| <input type="checkbox"/> WDH-10H Honors World History
Course Length: Full Year | 1 credit | <input type="checkbox"/> USH-11 US History
Course Length: Full Year | 1 credit |

LANGUAGE

- | | | | |
|--|----------|---|----------|
| <input type="checkbox"/> FRH-01 French 1
Course Length: Full Year | 1 credit | <input type="checkbox"/> FRH-02 French II
Course Length: Full Year | 1 credit |
| <input type="checkbox"/> FRH-03 French III
Course Length: Full Year | 1 credit | <input type="checkbox"/> LAT-A Intro to Latin
Course Length: Full year | 1 credit |
| <input type="checkbox"/> LAT-01 Latin I
Course Length: Full Year | 1 credit | <input type="checkbox"/> LAT-02 Latin II
Course Length: Full Year | 1 credit |
| <input type="checkbox"/> SPH-01 Spanish I
Course Length: Full Year | 1 credit | <input type="checkbox"/> SPH-02 Spanish II
Course Length: Full Year | 1 credit |

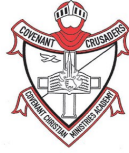
LANGUAGE ARTS

- | | | | |
|---|----------|--|-----------|
| <input type="checkbox"/> LIT-01 Cultural Literacy I
Course Length: Full Year | 1 credit | <input type="checkbox"/> LIT-02 Cultural Literacy II
Course Length: Full Year | 1 credit |
| <input type="checkbox"/> LIT-03 Cultural Literacy III
Course Length: Full Year | 1 credit | <input type="checkbox"/> LIT-04 Cultural Literacy IV
Course Length: Full Year | 1 credit |
| <input type="checkbox"/> ENG-01 Creative Writing
Course Length: Full Year | 1 credit | <input type="checkbox"/> COM-04 Intro to Writing
Course Length: semester | .5 credit |

MATH

- | | | | |
|---|----------|--|----------|
| <input type="checkbox"/> MTH-01 Math Fundamentals I
Course Length: Full Year | 1 credit | <input type="checkbox"/> MTH-01 Math Fundamentals II
Course Length: Full Year | 1 credit |
|---|----------|--|----------|

Covenant Christian Ministries Academy



Academic Excellence in a Christ-Centered Environment

HOMESCHOOL OPTION (HSO)

Available Courses: Check all that apply

ELECTIVES

MUSIC

- | | | | |
|--|----------|---|-----------|
| <input type="checkbox"/> BND-01 Band
Course Length: Full Year | 1 credit | <input type="checkbox"/> MUS-06 Music Appreciation
Course Length: semester | .5 credit |
|--|----------|---|-----------|

P.E./HEALTH

- | | | | |
|--|-----------|--|----------|
| <input type="checkbox"/> PED-02 Bowling/Swimming
Course Length: Full Year | 1 credit | <input type="checkbox"/> HTH-03 Family Living
Course Length: Full Year | 1 credit |
| <input type="checkbox"/> PE-01 Physical Education (A)
Course Length: semester | .5 credit | <input type="checkbox"/> PE-02 Physical Education 1
Course Length: semester | 1 credit |

PHILOSOPHY

- | | |
|---|-----------|
| <input type="checkbox"/> PHI-01 Introduction to Philosophy
Course Length: semester | .5 credit |
|---|-----------|

SKILL DEVELOPMENT

- | | | | |
|---|----------|---|----------|
| <input type="checkbox"/> SAT-01M SAT Prep-MATH
Course Length: semester | 1 credit | <input type="checkbox"/> SAT-01V SAT Prep-VERBAL
Course Length: semester | 1 credit |
|---|----------|---|----------|

TECHNOLOGY

- | | | | |
|---|-----------|---|----------|
| <input type="checkbox"/> COM-08 Exploring the Internet I
Course Length: Full Year | 1 credit | <input type="checkbox"/> COM-09 Exploring the Internet II
Course Length: Full Year | 1 credit |
| <input type="checkbox"/> COM-04 Intro to Technology Basics
Course Length: semester | .5 credit | <input type="checkbox"/> COM-03 Microsoft Office
Course Length: Full Year | 1 credit |
| <input type="checkbox"/> COM-02 Microsoft Word
Course Length: semester | .5 credit | | |

ACADEMIC RECOMMENDATION

Please complete this section. 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 review.

Student's name _____ Current grade level _____

Date _____ Name of current home school program _____

Signature of parent _____

ENGLISH RECOMMENDATION

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 _____

<u>Recommendation as a student</u>	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:

MATH RECOMMENDATION

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 _____

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 _____

Additional comments:

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:

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

Please mail an Official Transcript to:

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

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

I authorize CCMA to release my transcripts as noted above:

Parent/Student Signature: _____ Date: _____

School Official Signature: _____ Date: _____

Date sent: _____ Initials: _____