



**Cambridge Christian Academy Elementary Application**

Applying for the \_\_\_\_\_ to \_\_\_\_\_ school year.

Please fill out completely. Print or type.

**Student Information**

Student's Name \_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

Nickname (if applicable): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Public or Private

Reason for leaving: \_\_\_\_\_

Special Interests or abilities: \_\_\_\_\_

\_\_\_\_\_

Has the student ever been given a diagnostic or learning disabilities test? \_\_\_\_\_

If yes, explain? \_\_\_\_\_

Please indicate any history of any other physical or emotional condition or learning disability that has required or might require special attention. (Include copies of all reports) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your child's attitude toward school? \_\_\_\_\_

\_\_\_\_\_

Has your child repeated a grade? \_\_\_\_\_ If yes, what grade and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? Foods? \_\_\_\_\_ Medications? \_\_\_\_\_  
Insect stings? \_\_\_\_\_ If yes to any of the above, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student's Home Life**

Student is living with: \_\_\_\_\_ Both parents \_\_\_\_\_ Father \_\_\_\_\_ Mother  
\_\_\_\_\_ Step father \_\_\_\_\_ Step mother \_\_\_\_\_ Other

If you have checked step parent or other, please fill out the information below:

Mr. Mrs. Dr. Rev. Miss \_\_\_\_\_

Nickname \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address: \_\_\_\_\_

**Spiritual Background**

Local Church Attending \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Is your family a member? \_\_\_\_\_

Does family and/or student attend church or Sunday School regularly? \_\_\_\_\_

Is student used to Bible reading and prayer at home? \_\_\_\_\_

Please send this application and the following items to:

Cambridge Christian Academy  
Admissions  
205 Maryland Avenue  
Cambridge, MD 21613

\_\_\_\_\_ **Copy of Student's Birth Certificate**

\_\_\_\_\_ **Copy of Social Security Card**

\_\_\_\_\_ **Immunization Record**

\_\_\_\_\_ **Most Recent report card or standardized test scores**

\_\_\_\_\_ **Signed transcript release form**

\_\_\_\_\_ **Application Fee of \$50 (non-refundable)**

\_\_\_\_\_ **Reference Forms given out to a former teacher, your pastor and a family friend**

\_\_\_\_\_ **Family Application**