

PARENT QUESTIONNAIRE: (Attach additional sheets if necessary)

How did you find out about Christian Chapel Academy? _____

What do you see are your child's greatest needs?

Spiritual: _____

Behavioral: _____

Academic: _____

Social: _____

How do you see yourself being involved in the educational process of your child? _____

What do you see are the strengths of your child? _____

AFFIRMATION:

I hereby affirm that all of the information contained in this application is true and accurate to the best of my knowledge. I understand that my child will be screened and interviewed prior to acceptance to **Christian Chapel Academy**. This application is for the sole purpose of placing my child on the waiting list for the academic year indicated. Additional steps will be need to be completed prior to enrollment. I further understand this will not guarantee my child's acceptance to Christian Chapel Academy.

_____/_____
Father Date

_____/_____
Mother Date

NONDISCRIMINATION POLICY: **Christian Chapel Academy** 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, admissions policies, athletic and other school administered programs.

NOTE: The non-refundable enrollment fee must accompany this form for your child to be placed on the class waiting list.

A copy of the birth certificate and a current immunization will be required upon acceptance.