



Student Record Release

Former school name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Parental permission is no longer required when records are requested by authorized school personnel (family educational rights and privacy act, final rule on educational records, federal register, June 17, 1976 vol. 41, no. 118, page 24673.)

Request for records

Please send a copy of the following student/s transcripts records including:

- | | |
|-----------------------|---------------------------------|
| 1. Grades | 4. Health records |
| 2. Credits received | 5. Standardized testing results |
| 3. Your grading scale | 6. Deportment records |

Comments: _____

Student's Full Name: _____

Date of Birth: _____ Age: _____ Entering grade: _____

Student's Full Name: _____

Date of Birth: _____ Age: _____ Entering grade: _____

Send to: compassionchristianaz@gmail.com

Receiving registrar: _____



Student Enrollment Application

Student Information

Student's Name _____

Date of Birth ____/____/____ Age ____ Entering Grade ____ Gender: ☐ Male ☐ Female

Address _____ City _____ State _____ Zip Code _____

Ethnic Origin: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Native American ☐ other _____

Compassion Christian Academy admits students of any color, race, nationality, or ethnic background.

Previous School Attended: _____

Does the student have a 504 Plan / IEP / MET? (If yes, circle one) _____ Please provide the school with a copy.

Parent/Guardian Information

Father/Guardian Name _____

Address (If different from student) _____

Home # (____) _____ Cell # (____) _____ Email _____

Employer _____ Work # (____) _____

Mother/Guardian Name _____

Address (If different from student) _____

Home # (____) _____ Cell # (____) _____ Email _____

Employer _____ Work # (____) _____

With whom does the student primarily live? _____

If parents are separated or divorced, with whom does the student primarily reside? _____

Who has legal custody? _____

Birth Certificate

Arizona state law requires Compassion Christian Academy to keep a copy of your child's birth certificate on file. Please provide a copy with the enrollment form.



Emergency Contact Information

Please list two or three individuals who can temporarily care for your child if you are unable to be contacted. The people listed below are authorized to pick up and care for my child. They can be reached during school hours at the numbers listed below. *Please do not list parents/guardians.*

1. Name _____ Relationship _____

Phone # (____) _____ Alternate # (____) _____

2. Name _____ Relationship _____

Phone # (____) _____ Alternate # (____) _____

3. Name _____ Relationship _____

Phone # (____) _____ Alternate # (____) _____

Emergency Medical Information

In case of a serious accident or illness, your child will be sent to an emergency medical facility. Parents/Guardians will be responsible for all expenses.

Primary Physician _____ Phone (____) _____

Known Allergies _____

Daily Medications _____

Other Important Medical Info _____

Pain Relievers

My child may be given: ☐ Tylenol ☐ Ibuprofen ☐ Please speak with parent first

Immunization Record

Arizona state law requires CCA to keep a copy of your child's immunization records on file. Please provide a copy of your records for the office.



COMPASSION CHRISTIAN ACADEMY

EMERGENCY MEDICAL AUTHORIZATION FORM

Student's full name: _____ Sex: _____

Home address: _____ City: _____, AZ

Zip: _____ Home phone: _____ Birth Date: _____

Father's/Guardian's name: _____ Home phone: (if different) _____

Address (if different) _____ City _____,

State: _____ Zip: _____ Cell phone: _____ Work phone: _____ Ext: _____

E-mail address: _____

Mother's/Guardian's name: _____ Home phone: (if different) _____

Home address: (if different) _____ City _____,

State: _____ Zip: _____ Cell phone: _____ Work phone: _____ Ext: _____

E-mail address: _____

In case of an emergency (and parent cannot be reached) notify:

Name: _____ Relationship to student: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to student: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Insurance Company: _____

Policy #: _____ Group #: _____ Phone #: _____

List any restrictions or specifications regarding your child's medical history, medications currently taking, allergies to medications, etc., to be provided for hospital or doctors.

I hereby grant authority and/or permission for emergency medical treatment of my child required in my absence.

Parent/guardian Signature: _____ Date: _____



COMPASSION CHRISTIAN ACADEMY

PARENT AUTHORIZED DRIVERS

Student name: _____

I authorize the following listed drivers to pick up my student(s) from Compassion Christian Academy. If I decide to make any changes to this listing, I will send a written note to the principal denoting them.

Parent/Guardian Signature

Date

Authorized driver's name

Authorized driver's phone number

Mother/Guardian

Father/Guardian



COMPASSION CHRISTIAN ACADEMY

GENERAL ENROLLMENT POLICY

Compassion Christian Academy admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship, and athletic and other school administered programs.

Compassion Christian Academy recognizes that it cannot meet the educational needs of all children. It is a school offering a high quality of Christian training, but it is not designed to be a correctional institution for problems arising beyond those usually encountered in average school children. While we love all children, the school is not equipped to meet all special needs.

Some children do not adjust to a disciplined academic environment and the school reserves the right to use their discretion to place such students on probation for a reasonable corrective period of time and to dismiss any student who does not cooperate with the total educational process.

All new students are admitted on a probationary basis for the first year. When on probation, a student can be dismissed at any time if it is in the best interest of the school to do so.
Initials_____

Hebrew 12:11 says "No discipline seems pleasant at the time, but painful. Later on, however, it produces a harvest of righteousness and peace for those who have been trained by it."

I have read and understand the policy presented. I agree to support and adhere to this policy.

Parent/Guardian_____Date_____



Compassion Christian Academy

ATTENDANCE POLICY

Arizona Law requires students to attend school from six years of age through the 10th grade or 16 years of age. (AZ state Truancy Law A.R.S. 15-802, 15-803, 15-804)

The principal's office will be notified after five (5) absences or ten (10) tardies per quarter. An excess of these amounts may jeopardize the students continued enrollment in the school. School attendance is ultimately the responsibility of the student and his/her family. It is the obligation of the parents/guardians to contact the school regarding any absence of a student. Students should be absent from school only when absolutely necessary, as much of the classroom activity cannot be made up. The benefit of lectures, discussion and participation is lost forever to those who are absent.

Absence: is defined as a student not being present in his/her assigned classroom during an assigned class period. A student is considered absent if they are more than 10 minutes late to class. More than 10 absences in one semester may result in a student being dropped from the class and forfeiture of credit for that semester.

Tardy: is defined as arriving after the prescribed start time for an assigned class period. Each teacher may add individual class requirements to this definition.

Excused Absence: is defined as any absence from one or more classes authorized by a physician, pastor or staff member.

Unexcused absence: is defined as any absence from one or more classes **NOT** authorized by a physician, pastor or staff member.

Suspension: is an unexcused absence. Zeros are given in every category for each day of the suspension including tests or quizzes administered during suspension days. Classwork and homework assigned that day may **NOT** be made up.

Parent/Guardian_____ Date_____

Student Signature_____ Date_____

(4th - 12th Grade)



COMPASSION CHRISTIAN ACADEMY

PROBATIONARY ADMISSIONS CONTRACT

“Be imitators of God...” Ephesians 5:1

“Be perfect...as your heavenly Father is perfect.” Matthew 5:48

The student, _____ will be admitted to Compassion Christian Academy’s Junior/Senior High Young Adult Academic Program on a probationary basis. Progress of the student will be evaluated at the first quarter mid-term and quarter grading period and at the end of the school academic year. The purpose of each evaluation is to determine the student’s Christian and academic suitability for Compassion Christian Academy’s preparatory program. Based on weighted academic assessments, the student must maintain a passing grade in each class. Along with the traditional student academic evaluations, the staff will note the following student behavior traits:

1. Applications of Christian principles
2. Acceptance of responsibility
3. Employment of self-control in actions and speech
4. Trustworthiness
5. Obedience and cooperation
6. Courteousness
7. Respectfulness toward authority and property
8. Completion of work on time
9. Neatness and orderliness
10. Listening and following directions
11. Usage of time to good advantage
12. Working independently

At any time, the parent and/or school administration may permanently withdraw the student due to student conflicts with the school’s Christian and/or academic standards. The student will be on probationary status for a minimum of one school year. At the year end the principal will determine:

- A. The student’s continuance on probationary status
- B. The student’s admittance to regular status or
- C. The student’s dismissal

“Finally, Brothers...aim for perfection, listen to my appeal, be of one mind, live in peace. And the God of love and peace will be with you.” 2 Corinthians 13:11

We have read, fully understand, and agree with Compassion Christian Academy’s student probationary program. We fully realize that our student may be withdrawn or dismissed from the school at any time.

Student’s Signature

Date

Parent/Guardian’s Signature



COMPASSION CHRISTIAN ACADEMY

PARENT PLEDGE

I agree to uphold and support the spiritual standards of the school.

I agree to uphold and support the high academic standards of the school.

I agree to help foster/build a harmonious relationship between my child his/her teacher and myself.

I agree to uphold and support the established school policies and procedures.

I agree to uphold and support the school's discipline procedure and authorize the school to employ the discipline procedure, as it seems prudent and expedient to the training of my child.

I agree to uphold and support school activities and fundraisers.

I agree to provide a written excuse or verbal excuse by telephone to report absences or tardiness.

I agree to uphold and support the school's homework policies and provide my child encouragement to complete all academic assignments and scripture memorization assignments.

I agree to uphold and abide by the financial policies of the school.

I agree to uphold and support the school board administration teaching staff, parents, and students of Compassion Christian Academy.

Parent/Guardian _____ Date _____



COMPASSION CHRISTIAN ACADEMY

Disciplinary Program

School year: _____

We read, understand, and unconditionally support Compassion Christian Academy's Student Standard of Excellence and Disciplinary Statement.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Student Name (please print)

Student Signature

Date



COMPASSION CHRISTIAN ACADEMY

IMMUNIZATION RECORDS

As of January 1, 1992 all private and parochial schools are included in the Arizona state immunization law. This law requires each school to report the immunization status of all pupils.

By state law, your child will not be allowed to attend school until either a record of their immunizations or an acceptable exemption statement is submitted.

Arizona State law requires children enrolled in private schools to be age-appropriately immunized with OPV (oral polio), DTP (diphtheria, tetanus, pertussis), HIB (hemophilus influenza b), and MMR (measles, mumps rubella). Failure to receive the required immunizations forces the principal to exclude the child from the school.

All new students enrolling in Compassion Christian Academy will need to show proof of their immunization records.

Parents must provide documentation of all immunizations with the name of the physician or health care agency. (Your child's lifetime immunization record book is sufficient). The state will not allow the school to accept immunizations records by word of mouth.

If your child has not received the necessary immunizations, take your child's immunization record to your physician or local health department to get the required immunizations and/or records.

Exemptions to the immunization requirements are available. If immunizations are against your personal beliefs, you must complete, sign and return an exemption statement to the school. If any immunizations cannot be given for medical reasons, you must submit a medical exemption signed by a physician or representative of a local health department. Exemptions will only be accepted on forms available, in-person upon request from the school office.

Students that are currently enrolled in Compassion Christian Academy will need to check and see if their immunizations are up to date. The school will be notifying parents if their students are due for additional immunizations.

Parent/Guardian _____ Date _____



Compassion Christian Academy

CLOSED CAMPUS POLICY

Compassion Christian Academy has a **closed campus** policy. Parents, family, and other visitors must **check in at the school office** prior to moving onto campus.

Parents must sign their children out if they leave prior to the end of a school day and sign them back in if or when they arrive after the first bell rings.

Parent/Guardian _____ Date _____



COMPASSION CHRISTIAN ACADEMY

HIGH SCHOOL CREDITS

Compassion Christian Academy is a not for profit school and a ministry. As a nonprofit institution, the school is not required to be accredited by the State of Arizona or any other agency.

The credits earned by students here at the high school level are not always accepted by the public high school system. Should you decide to transfer your high school student to another school during their high school years, that school is not required to accept the credits your high school student earned while attending Compassion Christian Academy.

Parent's Signature

Date



COMPASSION CHRISTIAN ACADEMY

PERMISSION TO PUBLISH

Permission Form for Publication of
Student Work/Writing/Photograph/Video Clip/Name
On the World Wide Web (Internet)

Student's Full Name:

I understand that my above named child's art work/writing/photograph/video clip/or name may be considered for publication on the Internet as part of the School's web page or the web page of a School club or School organization for educational and/or school-related purposes, including but not limited to promotion of the School, School clubs, and School organizations, public acknowledgment of my child's work, and as an information resource about the School. I understand that when such publication occurs my child's art work/writing/photograph/video clip/or name will be available to users of the Internet who access the web page(s) whether from within the School or outside of the School.

All work will appear with a notice prohibiting the copying of any student's art work/writing/photograph/video clip without express written permission of the School, the student, and the student's parent or guardian.

No student's full name, social security number, student number, home address, telephone number, or e-mail address, or those of the student's family members will be published on School web pages without separate permission of the parent or guardian.

Please check the appropriate box below and sign.

☐

YES, I grant permission for the publication of my child's art work/writing/photograph/video clip/or name on the School's web page or the web page of a School club or School organization for educational and/or School-related purposes, including but not limited to promotion of the School, School clubs, and School organizations, public acknowledgment of my child's work, and as an information resource about the School.

☐

NO, I do not grant permission for the publication of my child's art work/writing/photograph/video clip/or name.

Printed name of parent/guardian: _____

Signature of parent/guardian: _____ Date signed: _____

(Students over the age of 18, please sign below)

I, the above named student, also give my permission for publication of my art work/writing/photograph/video clip/or name on School web pages.

Printed name of student: _____

Signature of student: _____ Date signed: _____

AFFIDAVIT OF INTENT TO HOME SCHOOL

Student's Last Name First Middle

Date of Birth

Grade

Name of Parent(s) or Guardian(s)

School District of Residence

Home Address

Telephone Number

Mailing Address (if different from home address)

I understand that an Affidavit of Intent shall be filed within 30 days from the time the child begins home school instruction and is not required thereafter unless the home school instruction is terminated and then resumed. I understand an original birth certificate or other reliable proof of the child's identity and age according to A.R.S. § 15-828 shall also be filed with the County School Superintendent's Office. The person who has custody of the child shall notify the County School Superintendent within 30 days that the child is no longer being instructed at home. If the home school instruction is resumed, the person who has custody of the child shall file another Affidavit of Intent to Home School with the County School Superintendent within 30 days (A.R.S. § 15-802, Subsection C)

I understand the child must be instructed in at least the subjects of Reading, Grammar, Mathematics, Social Studies and Science.

I understand that testing for children who are being instructed in a home school program is not required. I understand that if the child is instructed at home and resides within the attendance area of a school, participation in interscholastic athletic competition may be possible.

I understand that a child who enrolls in a kindergarten program or grades one through twelve after receiving instruction in a home school program shall be tested pursuant to A.R.S. § 15-745 in order to determine the appropriate grade level for the educational placement of the child.

PRIVACY NOTICE

The undersigned expressly prohibits the release of any and all information contained in this form including directory information as defined in 20 U.S.C. § 1232g (a) (5) (A), without prior written consent by the undersigned. See 20 U.S.C. § 1232g (a) (5) (B) and ARS § 15-141.

State of _____ County of _____

Signature of Parent/Guardian

Date

Subscribed and Sworn Before Me This

_____ Day of _____, 20__

After signing and notarizing, return original document to the County School Superintendent's Office at:

Signature of Notary Public

My Commission Expires _____

Pinal County School Superintendent's Office
75 N. Bailey Street
P.O. Box 769
Florence, AZ 85132

****PLEASE ENCLOSE AN ORIGINAL BIRTH CERTIFICATE FOR EACH CHILD****



Shirt Order Form

Student Name: _____

Phone Number: _____ Email: _____

Shirts may be ordered for students and parents. Include all orders below.

Please indicate color, size and number of shirts for each order.

Youth

Color: Purple _____ Teal _____ Dark Grey _____

Size: S _____ S _____ S _____

M _____ M _____ M _____

L _____ L _____ L _____

Adult

Color: Purple _____ Teal _____ Sport Grey _____

Size: XS _____ XS _____ XS _____

S _____ S _____ S _____

M _____ M _____ M _____

L _____ L _____ L _____

XL _____ XL _____ XL _____

2XL _____ 2XL _____ 2XL _____

XL and 2XL shirts may have additional cost

Quantity _____ x \$10.00 each = _____

Please make checks payable to Compassion Christian Academy.