

COLUMBIA ADVENTIST ACADEMY
Application for Returning Students
2017-2018

Please complete ALL sections (both sides) of the application. Parent and student signatures are required. Thank you!!				
Student Name				
Address City, State, Zip				
Home Phone				
Gender: M F	Entering Grade:	10	11	12
Birthdate: / /	Age:			T-shirt: S M L XL
Student cell #:				
Student email:				
Church Mbship:		Baptized? N Y-- Date (m/yr) /		
Father	Mother			
Address (if different from yours)	Address (if different from yours)			
Employer	Employer			
Work Phone	Work Phone			
Cell Phone	Cell Phone			
Email	Email			
Local Church Mbrship:	Local Church Mbrship:			

Student Commitment

The CAA staff is so happy that you have decided to make CAA your school and family, and they are anxious for you to be successful in your academic life as well as your emotional, spiritual, and social life. Part of that success is found in positive cooperation with your teachers, administrators, and the school requirements and policies. In signing this student commitment, you are agreeing to abide by the Christian-based principles outlined in our student handbook. Thank you so much -- and WELCOME TO CAA!

Student Signature _____ **Date** _____

Parents, please place your initials beside each statement with which you agree.

_____ In consideration of Columbia Adventist Academy's acceptance of my student, I agree to assume the financial responsibility for educational expenses at CAA for the student named on this form. I further agree to pay the account each month unless specifically arranged for in advance. I understand that an official transcript and/or diploma cannot be released until the account is paid in full.

_____ We agree to assist and support our students as they abide by the standards and expectations of CAA, believing that our students are most often successful when they have the support of their parents and family.

_____ I give permission for my student to take part in all school activities, including school-sponsored field trips and social events away from the school premises.

_____ I recognize that school activities are often photographed and/or videotaped. These photos and videos may be used in the promotion of CAA. I hereby give consent for the use of any photographs or videotapes of my student to be used in any school publications or for promotional activities.

Parent/Guardian Signature _____ **Date** _____

If you are living with someone other than your parents, complete the following information:	
Host Family	
Address	
City/St/Zip	
Home phone	
Cell Phone	
Work Phone	
E-mail address	