



APPLICATION FOR ADMISSION



UPPER SCHOOL
(GRADES 6 - 12)

83 Pine Street
West Peabody, MA 01960
978.535.7100
www.covenantchristianacademy.org

For Office use:
Date Received: _____
Fee Paid: _____
Check #: _____

To be completed by the Parent or Guardian

Applicant Information

Name _____
Street Address _____
City, State, Zip Code _____
Birth Date _____ Applying for Grade _____

Nickname _____
Gender: Male Female
Telephone (____) _____
Desired Date of Entrance _____

Family Information

Mother/Stepmother's Name _____ Telephone (____) _____
Address (if different from above) _____

Place of Employment (please give name and address) _____

Telephone (____) _____

Father/Stepfather's Name _____ Telephone (____) _____
Address (if different from above) _____

Place of Employment (please give name and address) _____

Telephone (____) _____

Names of Other Children	Date of Birth	Applying to CCA?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Information (continued)

Parents' Marital Status:

Married

Separated

Divorced

Single

Widowed

Applicant lives with:

Mother

Father

Stepfather

Stepmother

How did you learn about Covenant? _____

Please briefly explain why you seek to enroll your child at Covenant _____

Name any relatives who attend now or who previously attended Covenant _____

Religious Information

Church Attending _____

Pastor _____

Address _____

Telephone _____

Christian? (Step/)Father: Yes No

(Step/)Mother: Yes No

Has applicant ever made a profession of faith in Christ? Yes No

If yes, when? (Please note: This is for information only and will not necessarily affect a student's standing.)

Scholastic Information

Name and address of present school _____

Principal's Name _____ School Telephone (_____) _____

Please provide the name of:

Most recent math teacher _____, and

Most recent English teacher _____

Has your child ever repeated a grade? If so, please give circumstances

Has your child ever been suspended from school? If so, please give circumstances

Has your child ever been expelled from school? If so, please give circumstances

Does your child have any learning difficulties? If so, please explain

Does your child have any out of the ordinary behavioral difficulties?

Is she/he on any maintenance medications? If so, what?

Has your child received any cognitive or behavioral testing?
If so, please include copies of any paperwork you have received.

Yes

No

Financial Information

Please provide the name and address of the person who will be responsible for tuition payments. Please give any explanation that may be needed.

Please complete this application form and return it with your non-refundable check for \$50.00 to:

***Covenant Christian Academy
Admissions Department
83 Pine Street
West Peabody, MA 01960***

In consideration of the undertaking by the Covenant Christian Academy to process the undersigned student's Application for Admission and related forms, the undersigned agree that the information furnished on these forms, together with all information and materials of any kind received by the Academy from any source or prepared by anyone at its request, shall be completely confidential and shall not be disclosed to anyone, including the student and his family, except that the Administrator may, for official purposes at his discretion, disclose any part or all thereof to such persons as he deems advisable.

I have completed this application truthfully, to the best of my knowledge, and give permission to the CCA administration to call past and current teachers, pastors, tutors or administrators.

Signature of Parent/Guardian

Date