



Covenant Academy

Application for Admission

4652 Ayers Road • Macon, Georgia
Phone: 478-471-0285 • Fax: 478-471-8884
www.covenantacademy.net

For School Use Only

Date rec'd _____
App fee _____
Shadow/test _____
Interview _____
Pastoral Ref _____
Records _____

Submit completed application (one per student) to the office with your \$40.00 non-refundable application fee (one fee per family).

Student's full name _____ Goes by _____ Male Female

Applying for grade _____ Date of birth _____ Age on Sept. 1 _____

K3: ___3-day half day (MWF) or ___5-day half day ___Afternoon care (12:00-3:00)

K4: ___3-day half day (MWF) or ___5-day half day ___Afternoon care (12:00-3:00)

K5: ___5-day half day ___Afternoon care (12:00-3:00)

Address _____ City _____ State/Zip _____

County _____ Church _____

Preferred Email _____ Phone _____

Siblings:

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

PARENT INFORMATION

Father/Guardian

Lives with

Mother/Guardian

Lives with

Name _____

Name _____

Relationship to applicant _____

Relationship to applicant _____

Phone _____

Phone _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Occupation _____

Occupation _____

Email _____

Email _____

Address (if different from student's)

Address (if different from student's)

Church _____

Church (if different) _____

Pastor _____

Pastor _____

Member no yes

Member no yes

Attending since _____ Member since _____

Attending since _____ Member since _____

ACADEMIC HISTORY

Please list schools previously attended (including pre-school).

School	Address	Grades

ADDITIONAL ACADEMIC INFORMATION

Has this student ever required special education classes, modifications to academic requirements, special academic plans, remedial classes, tutoring, or any other extra help in order to pass a class? _____

If so, please explain. _____

Has this student ever failed a grade or a class? _____ If so, please explain. _____

Has this student ever had discipline problems? _____ If so, please explain. _____

Has this student ever been suspended or expelled? _____ If so, please explain. _____

Has this student ever had attendance or tardiness problems? _____ If so, please explain. _____

Does this student have any medical conditions or physical limitations that might affect his/her school experience? _____ If so, please explain. _____

Additional comments _____

PARENT QUESTIONNAIRE

Which statement best represents your church attendance? Weekly Monthly Less than monthly

List any church-related activities and services (e.g. elder, deacon, Sunday school teacher, etc.)

Briefly describe how you became a Christian and describe your daily Christian experience.

Briefly summarize your understanding of the following fundamentals of the Christian faith.

A. The Trinity

B. The nature of Scripture

C. The person and work of Jesus Christ

Summarize your philosophy and vision in raising your child.

Summarize your understanding of the nature and purpose of a Christian education.

PARENTAL CONTRACT

By signing below, we acknowledge that we have read and agree to be contractually bound to the written Tuition & Payment Policies of Covenant Academy. All names at the bottom of this form are responsible for tuition. We acknowledge that our child(ren)'s attendance is contingent upon this form being signed and returned. A family who enrolls their child(ren) for the academic year contractually agrees to pay 100% of the tuition even if circumstances cause the family to withdraw their child(ren).

In addition, we understand that by enrolling our child(ren) at Covenant Academy, we agree to comply with all policies and standards of Covenant Academy, including those pertaining to corporal punishment and internet use, as stated in the Covenant Academy Handbook. We agree to support the spiritual, moral, and dress code standards of the school. We acknowledge that it is our family's responsibility to read and understand these policies.

We hereby waive and absolve Covenant Academy, Inc. and all divisions thereof, of any liability of injuries, sickness, accidents, and/or acts of God incurred during participation in field trips, camps, clinics, private coaching, choreography and/or other sport/extra curricular club, etc., activity by our child(ren) named above. In consideration of our signed release allowing our child(ren) to participate in a Covenant Academy event, we, our heirs, executor and administration do hereby waive, release and forever discharge any and all rights and claims for damage which we may have or which may hereinafter accrue to us against agents, representatives, successors and/or assignees, for any participation in or rising out of travel to and/or from a game or activity site. In the event of injury/accident/sickness, Covenant Academy, Inc. and its officials are to contact the parent or legal guardian. We understand that our child(ren) will be photographed for public relations purposes. These pictures may appear on the website, in the Rampages, brochures, magazines and all other advertising. Please submit in writing to the Headmaster if you do not wish to have your student photographed.

Printed name of father/guardian

Printed name of mother/guardian

Date

Signature of father/guardian

Signature of mother/guardian

Date