

## **Cornerstone Academy of Eastside Praise** **New Student Application**

**Student's Full Name** \_\_\_\_\_

Grade Entering Fall \_\_\_\_\_ Date of Birth \_\_\_\_\_

Birth Place \_\_\_\_\_

Name(s) of Siblings Who Currently Attend Cornerstone Academy \_\_\_\_\_

School Last Attended (Name & Address) \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

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Student lives with: \_\_\_\_\_ If the student is not living with both parents, please check the applicable reason: \_\_\_\_\_ Father Deceased \_\_\_\_\_ Mother Deceased \_\_\_\_\_ Divorced Parents  
\_\_\_\_\_ Separated \_\_\_\_\_ Other (explain) \_\_\_\_\_

Other Parent/Guardian Information for Record (If applicable):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Student Information**

Please list all schools this child has attended: \_\_\_\_\_

Has this student ever been asked to leave a school for any reason? If yes, explain: \_\_\_\_\_

Does this child have any physical disabilities, learning disabilities, learning challenges, emotional difficulties, or behavior problems? If yes, please explain:

Does this child have any food allergies, allergies to medication, or any medical conditions which we should be aware of? If yes, please describe: \_\_\_\_\_

Does the school have permission to give this child Tylenol for a headache? \_\_\_\_\_

Please list any medications that the student takes regularly: \_\_\_\_\_

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**Emergency Information**

Cornerstone Academy will always attempt to contact a parent first in the case of emergency or illness. Please list, in order, the names of additional contacts you would like us to call in the event that a parent cannot be reached.

1. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

**Religious Information**

Family Church Affiliation \_\_\_\_\_

Name of Church \_\_\_\_\_

Address of Church \_\_\_\_\_

Mother – please make a brief statement about your relationship with God: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father – please make a brief statement about your relationship with God: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please characterize your church involvement (check one):

- Members with regular attendance
- Members with occasional attendance
- Non members with regular attendance
- Non members with occasional attendance
- Do not attend a Church

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**Note of Explanation**

Please briefly describe why you are considering Cornerstone Academy of Eastside Praise to assist you in the education of your child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information you would like us to know about your child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant References – GRADES 6<sup>th</sup>-12<sup>th</sup> ONLY**

Reference Information and Parent Signature MUST be provided. Cornerstone Academy of Eastside Praise will send the appropriate forms to references for completion.

**Church Reference** – Minister, Youth Minister, or other individual who is in a leadership role at your church (non-related)

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Church Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**School Reference** – Current Teacher (preferred) or Administrator (non-related)

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

School Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

\_\_\_\_ *I waive my right to access to these recommendations written on behalf of my child's candidacy for admission. (Offers confidentiality consideration to reference)*  
\_\_\_\_ *I do not waive my right of access to these recommendations written on behalf of my child's candidacy for admission.*

\_\_\_\_\_  
**Signature of Parent or Legal Guardian** **Date**

**Financial Information**

Please check your choice of payment:

\_\_\_\_\_ 10 Month Payment Plan      \_\_\_\_\_ Payment in Full Before June 1 (3% discount)

Name of the Financially Responsible Person \_\_\_\_\_ Phone \_\_\_\_\_

**Statement of Fact**

I certify that all the information on this application is true to the best of my knowledge. I have read all the informational materials and I agree to abide by the school's policies and procedures.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian** **Date**

**Please return this form, along with the non-refundable Application Fee to:  
Cornerstone Academy of Eastside Praise  
Attn: Admissions  
6300 Billtown Road  
Louisville, KY 40299**

