

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) _____

Registering for the Following Program: (Please circle)

Part-Time Pre-Kindergarten (K4)

Full Day Kindergarten (K5)

Elementary (Grades 1st-5th)

Middle School (Grades 6th-8th)

High School

Parents/Primary Legal Guardian(s) _____

Address _____

City, State, Zip _____

Home Phone _____ Primary E-Mail _____

Father's Occupation & Place of Work _____

Father's Cell Phone _____ Father's Work Phone _____

Mother's Occupation & Place of Work _____

Mother's Cell Phone _____ Mother's Work Phone _____

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 _____

Primary E-Mail _____

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: _____

List any medication which will be left in the school office: _____

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

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 6th-12th 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)

*No discount given after June 1st

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**

