Date of Application							
	CC	OK INLE	_	EMY			
(Dl 1			CHOOL		1 1		
(Please be aware that current	immunization r	ecords are req	uired before	e your st	udent begins a	ttending school.)	
Student Name(first)			Age	B	irthdate	Sex	
(first)	(middle)	(last)					
**To be eligil	ole for the Preso					tty trained.	
	Please cho	pose 3/5 co	nsecutive	days b	elow.		
Days attending (circ	le): Mon T	ue Wed	Thur	Fri (	please choose	consecutive days)	
Parents/Guardians Names					CIA	Alumni? Y / N	
Name of person responsible to	or tuition payme	ents:					
Mailing Address			City			Zip	
Physical Address			En	nail #1:_			
Email #2:		(In order to rece	eive student/sch	ool inform	nation you must p	ovide an email addres	s.)
							,
Home Phone	Chui	cn				<del></del>	
		W 1 D			C II N		
Father's Employer		Work P	'hone		_ Cell Phone_		
Mother's Employer		Work I	Phone		_ Cell Phone		
can pick up your child if you  What do you expect in the way							
Why have you chosen Cook	Inlet Academy fo	or your child?					
	_						
Give any family background	that would be he	lpful in under	standing yo	ur child	·		
(Please initial your response Since this is a community :		rticipation is:	oritical Ass	. vou:	lling attand all	narant/taaahar ===	atings and
Since this is a community volunteer when needed thr			citucai. Aft	you WI	iiiig alleiiu all	parenoteacher me	cungs and
YesNo	<b>.</b>						
Do you agree to make tuiti if such should become nect the early withdraw costs ec	on payments on tessary? Do you u	inderstand tha					
YesNo	)						
Do you understand that stu		not be release	d from CIA	if you h	ave any unpaid	d payments or fee	s?
Yes No	<b>.</b>						

	4.	by you understand that tuition and matriculation is non-refundable? (Tuition will be refunded only on the unused portion if student is expelled.)
	5.	YesNo Do you agree to assist/volunteer to help CIA in all fundraising, understanding that each student is required to sell at least on book (or more) of raffle tickets as part of our Spring fundraiser?YesNo
	6.	Do you understand that your child will receive training in Bible knowledge and in Christian living?
		Yes No
	7.	Do you understand that any medication sent to the school with a child must be accompanied by instructions for administration?
The	sch	YesNo ool should be aware of the following medical conditions/food and environmental allergies:
	Dis	sclaimer: The school may delay enrollment until a physician's statement can articulate the specific allergens and treatments required. If the school is unable to meet the needs of the safety and health of the child, parents will be notified
		ate signatures are required for each item) In a medical emergency, I hereby authorize the administration to sign in my behalf if I cannot be contacted.
	Sig	cnature
	2.	I hereby authorize my child to leave school on field trips, special classes, official school activities, etc.
	Sig	nature
	3.	I hereby authorize the CIA staff to post pictures of my child on the school website and/or in the school annual.
	Sig	mature  Diagon shoors 4 A OD 4 B below
		Please choose 4 A OR 4 B below
	4.	A: I hereby authorize the CIA staff to post pictures of my child on Facebook pictures on Facebook.
	Sig	nature
		B: I <u><b>DO NOT</b></u> authorize the CIA staff to post pictures on Facebook
I wo	oulo	mature d like to enroll my child in Cook Inlet Academy. I have read the Statement of Faith and understand it to be sition and teaching of this school. I will abide by the decisions of the school board.
 Sigr		ure Date
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Cook Inlet Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.