

"Transforming Characters to Transform the World"



CONYERS ADVENTIST ACADEMY

A Seventh-day Adventist School Pre-K4 - 8

A Ministry of the Conyers Seventh-day Adventist Church

Georgia-Cumberland Conference of Seventh-day Adventists

STUDENT APPLICATION FOR ADMISSION

School Year ____ / ____ Date Submitted ____/____/____ Date Entering ____/____/____ Full

Legal Name of Student(s)

1. _____ Grade Entering _____
2. _____ Grade Entering _____
3. _____ Grade Entering _____
4. _____ Grade Entering _____

Conyers Adventist Academy A Ministry of the Conyers Seventh-day Adventist Church
3001 Old Salem Road, SE, Conyers, GA 30013 www.conyersadventistacademy.com

(o) 770.679.5712 (f) 770.679.1279 (e) info@thecaaschool.com

Student Information

Last Name	Full First Name	Full Middle Name	Prefers to be called
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Address City State Zip _____

Gender: M F _____/_____/_____

Place of Birth (city, state, country) _____ Date of Birth _____ Home Phone (with area code) _____

SDA: Y N Baptized: Y N Date Baptized: _____/_____/_____ Church Membership: _____ Grade ___ Entering

Next School Year: _ Pre-K4 _ Kindergarten _1st _2nd _3rd_ 4th _5th _6th _7th _8th

Previous School Name: _____ Phone Number: _____

Street Address City State Zip _____

Who Does Student Live With: _Mother _Father _Guardian

Mother's Information

Last Name	Full First Name	Full Middle Name	Prefers to be called
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Home Phone: _____ Work: _____ Cell: _____ SDA: Y N Church Membership: _____

Place of birth: _____ Date of birth _____ Marital Status: _____

_Married Divorced Single Separated Widowed Occupation: _____

Name of Employer: _____ E-mail Address: _____

Father's Information

Last Name	Full First Name	Full Middle Name	Prefers to be called
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Home Phone: _____ Work: _____ Cell: _____ SDA: Y N Church Membership: _____

Place of birth: _____ Date of birth _____ Marital Status: _____

Married Divorced Single Separated Widowed Occupation: _____

Name of Employer: _____ E-mail Address: _____

Guardian Information

Last Name	Full First Name	Full Middle Name	Prefers to be called
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Home Phone: _____ Work: _____ Cell: _____ SDA: Y N Church Membership: _____

Relation to Student: _____ Date of birth _____ Marital Status: _____

Married Divorced Single Separated Widowed Occupation: _____

Name of Employer: _____ E-mail Address: _____

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When registering more than one child, if mother/father/guardian information is the same you may use this page for additional students.

(2) Student Information

Last Name
Prefers to be called

Full First Name

Full Middle Name

Address City State Zip

Gender: M F ____/____/____

Place of Birth (city, state, country)

Date of Birth

Home Phone (with area code) Student's Social Security

Number _____ SDA: Y N Baptized: Y

N Date Baptized: ____/____/____ Church Membership: _____

Grade Entering Next School Year: Pre-K 4 Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

Previous School Name: _____ Phone Number:

Street Address City State Zip

Who Does Student Live With: Mother Father Guardian

(3) Student Information

Last Name
Prefers to be called

Full First Name

Full Middle Name

Address City State Zip

Gender: M F ____/____/____

Place of Birth (city, state, country)

Date of Birth

Home Phone (with area code)

Students Social Security

Number _____ SDA: Y N Baptized: Y

N Date Baptized: ____/____/____ Church Membership: _____

Grade Entering Next School Year: PreK4 Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

Previous School Name: _____ Phone Number:

Street Address City State Zip

Who Does Student Live With: Mother Father Guardian

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PARENT/STUDENT ACKNOWLEDGEMENT & CONYERS ADVENTIST ACADEMY TECHNOLOGY AND DISCIPLINE POLICIES

The technology and discipline policies have been established to help your child gain the greatest possible benefit from their school experience. After reading and discussing with your student all policies outlined in the CAA Handbook, place your signature below. Your signature indicates that the student and parent/guardian have read the policies and agree to uphold them.

_____ **Parent/Guardian Signature Date**

_____ **Parent/Guardian Signature Date**

_____ **Student's Signature Date**

_____ **Student's Signature Date**

Failure to sign this acknowledgement will not relieve a student or the parent(s) from compliance with school policies and procedures.

Consent

Field Trip Yes

No

I hereby give permission for my child to go on school-

sponsored field trips. I understand that I will be notified of each event and that the students will be well supervised at all times. I do not hold the school and staff liable, except as covered by insurance.

Transportation My child may ride in transportation provided by CAA in connection with school activities.

Yes I am responsible for paying funds to transport my child.

No

Legal Information I agree with any legal documents (i.e., parental custody, IEP's, etc.) **MUST BE** provided to the school Registrar during enrollment.

No Yes

Internet Usage I hereby give permission for my child to use the internet under adult supervision. I understand that they must abide by all rules set forth by Conyers Adventist Academy. No Yes

How did you hear about Conyers Adventist Academy (CAA)?

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Financial Worksheet and Policy Registration and Tuition Fees at Conyers Adventist Academy

Member	Registration	Pre-K4	Grades 1-6	Grades 7-8
Conyers Member	\$400	\$405	\$385	\$455
Constituent Member	\$400	\$455	\$435	\$505
Non-SDA Member	\$400	\$505	\$485	\$555

I _____, acknowledge that the cost of registration is _____, and is due along with the first month's tuition prior to or on the first day of school. Also, I acknowledge that my tuition payment of _____ is due on the first day of each month from August through May and is considered delinquent after the tenth of the month, unless prior arrangements have been made with the administration.

Signature _____

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