

1963 Martel Road
Lenoir City, TN 37772
865-986-9823
www.ccatn.com

Registration Checklist:

The following must be met in order to properly apply for admission to CCA. Complete applications will be processed before incomplete files. Your applicant will not be allowed to begin classes until the file is complete.

_____ **New Student Application Packet.** Complete the application form and related materials and return to CCA. Please attach the \$250 application.

_____ **Social Security Card and Birth Certificate** A copy of the applicant's birth certificate and social security card must be included with the application packet.

_____ **Academic/Teacher Recommendation** Please have a principal, current teacher or former teacher complete the teacher recommendation form and return to CCA. This form must be mailed directly to CCA.

_____ **Grades and Test Scores.** Please include a copy of the applicant's most recent report card and/or transcript (1st grade and up), and include a copy of their most recent standardized test scores (if applicable). A copy of the students IEP (if applicable) is requested.

_____ **Health Records.** CCA must have an original (not a copy) Immunization Certificate in each student's file. The form must be submitted to the admissions office before the student is accepted.

_____ **Family Interview.** CCA will contact you to schedule an interview once the application packet is complete.

_____ **Registration Fees** Upon acceptance, when all registration fees are received, student is officially enrolled.

_____ **Technology Fees** Due by August 1st.

All materials must be submitted and the interview with the administration must be completed before an applicant officially is accepted. Office hours are Tuesday, Wednesday, and Friday, 8:30 a.m.-2:00 p.m. when school is in session. The admissions office will notify you concerning the status of your application.

Thank you for your application to Crossroads Christian Academy.

2024-2025 Tuition and Fee Schedule

New Family Application Fee - This is a non-refundable application fee for each new family making application to enter CCA.

\$250 per family (Application Fee)

Returning Family Re-enrollment Fee - This is a non-refundable fee to be paid in full at time of re-enrollment.

January 9 - February 28	\$100 per family
March 1 – March 27	\$150 per family
April 2 – April 30	\$200 per family
May 1 – Forward	\$250 per family

Registration Fee: To be paid in full at the time of re-enrollment and/or new student’s acceptance to CCA. A student is not guaranteed placement until the registration fee is paid and a financial agreement signed with the business office. Fees are per student and are non-refundable.

K4-5th Grade

January 9- March 27	\$175
April 2 – April 30	\$225
May 1 – Forward	\$275

6th-12th Grade

January 9- March 27	\$200
April 2 – April 30	\$275
May 1 – Forward	\$325

Technology Fee: This non-refundable fee is to be paid in full by August 1.

\$50 per student

Fundraising Fee: This non-refundable fee may be fundraised or added to tuition. Family must notify school of chosen option by August 1.

\$750 per family

Tuition Fees

Elementary: K4-5 th grade, T-W- F, 8:10 – 1:35	\$3,200
Middle School: 6 th -8 th grade, T-W- F, 8:10 – 2:00	\$3,400
High School: 9 th -12 th grade, T-W- F, 8:10 – 2:00	\$4,200
High School: 11 th -12 th grade class options/tuition (Bible, English, History, Math, Science)	
1 class = \$1,275 2 classes = \$2,275 3 classes = \$3,250 4 or 5 classes = \$4,200	
Customized Instruction:	\$350 per class

Multiple Child Discount Rates: (not available for K4 students) 1st child is oldest student.

2nd child: 5% 3rd child: 10% 4th+ child: 40%

Payment Plans:

1. Tuition discount of 5% if tuition paid in full by 8/1/2024.
2. Ten (10) equal monthly payments, beginning August 1, 2024 and due the first of each month with the final payment due May 1, 2024. Students enrolled after August 1, 2024, will make first payment *at time of enrollment* and remaining payments the first of subsequent months. **Late fees of \$20 are due after the 5th of each month.**

Parent Questionnaire

(Complete both sides)

1. Why do you desire to have your child attend Crossroads Christian Academy?
2. How did you hear about CCA?
3. What is your child's education background? (Home school, public school, Christian school?)
4. Please list your child's strengths:
5. Does your child have any physical disabilities?
6. We desire to be sensitive to every student. Are there any factors in your child's life that may affect his/her performance? (Divorce, absence of a parent, death in family, illness, etc.)
7. Has your child ever been suspended, expelled or asked to withdraw from another school?
If yes, please explain in detail.
8. Has your child ever been diagnosed with a learning disability or physical problem that affects his/her academic achievement? If yes, please explain in detail.
9. Does your child have an IEP (Individual Education Plan)? Please explain.
10. Has your child ever been diagnosed with a speech problem? If yes, please explain in detail.
11. Has your child ever repeated a grade? If yes, please explain in detail.
12. Has your child ever skipped a grade? If yes, please explain in detail.
13. How would you describe your child's learning style? (Visual, auditory, kinesthetic)

Parent Questionnaire cont.

14. Please list some of your child's favorite activities.

15. Please list your child's church related activities.

16. Is your child familiar with computers and technology?

17. Who will be instructing the student during homes school days? Do the parents work outside the home? How much?

18. Father's testimony/decision to commit your life to Christ (Use back page if needed).

19. Mother's testimony/decision to commit your life to Christ (Use back page if needed).

20. Church your family attends?



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Parents please complete and return to CCA. We will submit request for student records.

Request for Student Records

Date: _____

The following student has been accepted into the _____ grade at Crossroads Christian Academy.

Last Name	First	Middle	Grade	Birthdate
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Name of **last school** attended: _____

School Address: _____

School Email: _____

Parent Authorization to Release Records: _____
Signature of Parent or Guardian

PLEASE FORWARD TO US ALL OFFICIAL SCHOOL RECORDS including but not limited to: Behavior/Suspension/Discipline Records, Immunization records, Report/Progress cards, Transcripts, Explanation of marking system, Notation of special or advanced courses, test records, last grade placement at your school, Copy of Birth Certificate and Social Security Card.

Please send to:
Crossroads Christian Academy
1963 Martel Road
Lenoir City, TN. 37772
Or mguider@ccatn.com

If you have questions, please call 865-986-9823.

Date: _____ Administrator: Drew Guetterman

Student Agreement and Respect Policy

Crossroads Christian Academy emphasizes three goals for their student to achieve:

- Develop character qualities that exemplify Jesus Christ
- Strive for academic excellence
- Serve others within the classroom, school and community

As a student at CCA, I also desire the above goals to be developed in my life and agree to the following:

1. Follow all policies of the school, including those found in the school policy manual.
2. Show honor to God in my speech, dress and conduct (that includes on and off campus).
3. Make my school work a priority and will do my personal best at all times.
4. Will focus on the tasks of school and learning, especially during school hours.
5. Accept my place of leadership to younger students and model appropriate behavior at all times.
6. Strive to follow Colossians 3:23 “doing everything unto the Lord”, which includes showing a positive attitude at all times.
7. Guard against cheating, lying, and other dishonoring behaviors (self and others)
8. Use the Matthew 18 model of conflict resolution
9. Develop my gifts and talents in order to build up others around me
10. Show respect to my classmates by demonstrating kindness and refraining from teasing, gossip, and hurtful actions
11. Seek opportunities to daily serve others around me by putting others before myself
12. Show respect of adults by responding in an honoring manner
13. Follow directions the first time they are given
14. Will not speak out of turn during class time
15. Show respect of visitors
16. Will respect the school facilities by not vandalizing the school or its property at any time (writing on desks, destroying property, etc.)
17. Will not bring any secular items in to the school (music, movies, pictures, etc.)
18. Will use IPADS for academic purposes only as well as cell phones for emergency purposes only. Cell phones must be turned in at the beginning of school to the appropriate staff/teacher.

I agree to the above policies and will adhere to them. I understand that there will be disciplinary consequences for not following any of the above policies.

Student Signature

Parent Signature

Family Name

CCA Statement of Faith

Please initial next to each statement to verify that you believe and support these truths.

CCA is above all a Christian program seeking to support families in their spiritual growth.

- _____ 1. *We believe* the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God (II Timothy 3:15; II Peter 1:21).
- _____ 2. *We believe* there is one God, eternally existent in three persons – Father, Son, and Holy Spirit (Genesis 1:1; Matthew 23:19; John 10:30).
- _____ 3. *We believe* in:
- The deity of Christ (John 10:33):
 - His virgin birth (Isaiah 7:14; Matthew 1:23; Luke 1:35)
 - His sinless life (Hebrews 4:15; Hebrews 7:26)
 - His miracles (John 2:11)
 - His vicarious and atoning death (1 Corinthians 15:3; Ephesians 1:7; Hebrews 2:9)
 - His resurrection (John 11:25; 1 Corinthians 15:4)
 - His ascension to the right hand of the Father (Mark 16:19)
 - His personal return in power and glory (Acts 1:11; Revelation 19:11)
- _____ 4. *We believe* in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature; and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith alone are we saved and are kept by the power of God unto eternal salvation (John 3:16-19; John 5:24; Romans 3:23; Romans 5:8-9; Ephesians 2:8-10; Titus 3:5).
- _____ 5. *We believe* in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation (John 5:28-29).
- _____ 6. *We believe* in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9; I Corinthians 12:12-13; Galatians 3:26-28).
- _____ 7. *We believe* in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life (Romans 8:13-14; 1 Corinthians 3:16; 1 Corinthians 6:19-20; Ephesians 4:30; Ephesians 5:18).
- _____ 8. *We believe* that teaching and learning should be accomplished through the cooperative effort of parents and teachers, for the Bible places primary responsibility for the total education of the child on the parents (Proverbs 22:6, Deuteronomy 6:4-9).

Statements on Marriage, Gender and Sexuality, and the Sanctity of Human Life

_____ 1. We believe in the biblical definition of marriage as the uniting of one man and one woman in a single, exclusive union for life (Genesis 2:18-25) and that God intends sexual intimacy to occur only between a man and a woman who are married to each other (1 Corinthians 6:18, 7:2-5; Hebrews 13:4). We believe marriage is between one man and one woman for life and that it uniquely reflects Christ's relationship with His Church (Eph. 5:21-33). We believe that marriage also serves as the foundation unit of a stable society (1 Cor. 7:2). We believe that any form of sexual immorality, as Biblically defined, is sinful and offensive to God (Matt. 15:18-20; 1 Cor. 6:8-10).

_____ 2. We believe that mankind is woven together by God in the womb and that they are fearfully and wonderfully made by Him (Psalm 139:13-14). We believe God creates each person as male (man) and female (woman). These two distinct, complementary genders together reflect the image and nature of God (Genesis 1:26-27). We believe that since each person is made in the image of God, everyone person has value, and must be afforded compassion, love, kindness, respect, and dignity (Col. 3:12-14; Luke 6:31).

_____ 3. We believe all human life is sacred and created by God in His image. Human life is of inestimable worth in all its dimensions, born and unborn. We are therefore called to defend, protect, and value all human life (Psalms 139; Jer. 1:5).

Though CCA represents a number of denominations, we stress that each family and employee entering the school must agree to support the basic doctrines found within the statement of faith above. All spiritual and academic instruction, and issues of conduct and relationships, is approached from this Christian worldview. Individual families and churches should address specific denominational issues beyond these tenants.

I/We, (Print) _____ / _____ ,
have read and initialed the above statements.

Signature

Date

**Appendix B
2024-2025 Parent Participation Form
(Complete one form per family)**

Please initial next to each statement to verify your understanding of the policy.

1. ____ I have read the CCA POLICY MANUAL and agree to its contents, which include, but are not limited to lines 2 through 10 below.

2. ____ The application, re-enrollment, registration, fundraising fees, and technology fees are non-refundable.

3. ____ Tuition payments are due on the 1st of each month and are considered late after the 5th which then incurs a late fee. Tuition payments are to be paid August 2024 – May 2025.

4. ____ I understand I am expected to participate in the fundraisers of CCA OR I may opt out by paying the fee in full by August 1st or by setting up a payment schedule with the finance manager. I acknowledge and agree that if I am unable to fundraise the entire \$750 per family fee, I am responsible for paying any remaining balance.
 - Full Fundraising Fee less 5% paid by Aug 1st 10 Month Plan
 - Raise Full Amount in various fundraisers throughout year Raise Partial amount and pay the difference

5. ____ I understand parental partnership is needed for the success of various functions at CCA and will choose at least ONE volunteer opportunity. Please check one volunteer opportunity in which you would like to serve.
 - ELEMENTARY ROOM PARENTS MS/HS ROOM PARENTS MS/HS SCHOOL CLUBS ORGANIZATION
 - "FALL/SPRING" CLEANING STUDENT FIELD TRIP PLANNING SUBSTITUTE TEACHER
 - YEARBOOK SPECIAL EVENTS MAINTENANCE

6. ____ I understand I am responsible to make sure my student’s work is completed and returned on time. As well as ensuring my student has all needed supplies throughout the entire school year.

7. ____ I understand that drop off time is 7:55 – 8:10, **please do not drop-off before 7:55**. There is a tardy fee of \$10 after the 3rd unexcused tardy (students that are not in building by 8:10 am) arrival, and each subsequent unexcused tardy arrival for each 9 week period.

8. ____ I understand there is a late pick up fee charged if my child is picked up late. (\$5/every 15 mins.)

9. ____ I acknowledge that if I must withdraw my student, a two–week notice must be given and I will follow the financial policy for this procedure.

10. ____ The school must be notified IN WRITING by September 1, 2024 if you do NOT want either of the following:
 - a. to be included in the school directory
 - b. your child’s photograph to be used for any advertising/publicity purposes (including on the school’s website or Facebook page).

11. ____ **I understand that CCA uses Jupiter and the weekly online parent newsletter as their main forms of communication.**

Our family understands our obligations as outlined in this agreement.

Parent Signature _____ Date _____

2024-2025 Emergency Student Information/Activity Permission and Medical Release
PLEASE PRINT NEATLY AND CLEARLY

	1 st child	2 nd Child	3 rd Child	4 th Child
Student(s) Name				
Student(s) Grade				
Student(s) Phone Number				
Age as of 8-15-24				
Date of Birth				
List All Allergies				
List All Medical Conditions				
List All Medications student is taking				
County of Public School Student is zoned for				
Address				
Home Phone				
Church Attending				
Family e-mail				
Father's Name/Occupation/Skills				
Cell/Work Phone				
Mother's Name/Occupation/Skills				
Cell/Work Phone				
Additional Emergency Contact Name and Phone Number				
Relationship to student				
Insurance Company				
Policy/Group Numbers				
Media Release (check all student has permission for.)	<input type="checkbox"/> CCA Website <input type="checkbox"/> Facebook page <input type="checkbox"/> Newsletter <input type="checkbox"/> Yearbook <input type="checkbox"/> Radio <input type="checkbox"/> Television			

Crossroads Christian Academy requires that this information be correct and complete. If any changes in this information occur, it is the parent's responsibility to notify CCA immediately so the student's file will be accurate.

Release:

I, the undersigned, am the legal guardian of the student(s) listed above, minor(s) and have given my consent for him/her to participate in fieldtrips and activities of Crossroads Christian Academy. In the event that he/she is injured while on campus and/or while participating in fieldtrips and activities and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and /or hospital personnel refuses to administer without my consent, I hereby authorize any of Crossroads Christian Academy Administration to give consent for me if I cannot be reached by telephone at one of the numbers listed above, or because of an emergency in which there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for me, I agree to hold such person(s), other associated adults and Crossroads Christian Academy free and harmless of claims, demands, or suits for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date.

Parent Signature: _____ Date: _____