

Concord Academy

154 Warren C. Coleman Blvd
Concord, NC 28027
704.793.4750



Academic Year 2021-2022
Grade applying for _____

Please submit a non-refundable \$100 application fee with this document.

Application for Admission

Student Information:

(Last) (First) (Middle) (Goes by) (Date of birth) (Gender)

Mailing Address: _____ City: _____

State: _____ Zip Code _____ Student Email: _____

National and Ethnic Origin:

American Indian or Alaska native Asian White Black or African American Hispanic or Latino Multiracial

Is Child Adopted: _____ Y/N Does child know of adoption? _____ Y/N

Are Parents: Married Separated Single Divorced Who has legal custody? _____

May both parents pick up the student? _____ Y/N Do you have legal custody papers? _____ Y/N If yes, please provide a copy of custody papers upon acceptance.

Current School:

Last School/Day Care Attended: _____ City: _____ State: _____ Phone: _____

Phone Number: _____ Reason for Leaving: _____

Briefly explain your reason for wanting to send your child to Concord Academy:

Additional Programs:

My student will require Before/After School Care: _____ Y/N

Select your plan: _____ Plan A (6:45am-8:00am) _____ Plan B (6:45am-8:00am & 2:15pm-5:45pm) _____ Plan C (2:15pm-5:45pm)

Will you need summer program? (Rising K5 through 8th grade). _____ Y/N

Required:

Student Social Media Accounts (Provide the account name). Facebook _____

Twitter: _____ Instagram: _____

Snapchat: _____ Other: _____

If none of the above apply, please check: _____ I am disclosing that my student does not have social media accounts.

Additional Information:

Has your child had accommodations or modifications for any physical, social, or academic reason? This includes IEP, PEP& 504

Plan. Yes No If yes, please explain: _____

Has your child ever been involved in a remedial class? _____ Y/N Has your child been involved with a tutor? _____ Y/N

Has your child ever been tested for ADD, ADHD, BEH, EMH, LF, etc? _____ Y/N

Has your child ever been in an advanced class? _____ Y/N

Has your child ever been under the care of a counselor, clinical psychologist or psychiatrist? _____ Y/N

Has your child experienced any problem in relation to drugs, alcohol, smoking, law enforcement? _____ Y/N

Has your child experienced any discipline/conduct problems in relation to school suspensions, school expulsion, grade retention, promotions? _____ Y/N. If yes, please explain: _____

Parental Information:

Father/Guardian's Name: _____ Cell Phone: _____ Workphone: _____
Home Phone: _____ Address: _____
City _____ State _____ Zip _____ Email: _____
Employer: _____

Mother/Guardian's Name: _____ Cell Phone: _____ Workphone: _____
Home Phone: _____ Address: _____
City _____ State _____ Zip _____ Email: _____
Employer: _____

Emergency Information: If parents or guardians are unable to be reached, please list person(s) we may contact?

Name: _____ Relationship: _____ Contact Number: _____
Name: _____ Relationship: _____ Contact Number: _____

Authorized Pick Up: Person(s) other than parents authorized to pick up your child:

Name: _____ Relationship: _____ Contact Number: _____
Name: _____ Relationship: _____ Contact Number: _____

Financial Information:

I have reviewed the Tuition & Fee Schedule: ____Y/N **I will be applying for tuition assistance:** ____Y/N (*Tuition Assistance is required to be applied for each year by visiting our website: cfaAcademy.org>Admissions>FACTS Tuition Assistance. Applications will be evaluated once application is complete and all information has been submitted. There is a \$35 charge (per family) due at the time of application which is paid directly to FACTS).*)

I have or will be applying for the North Carolina Opportunity Scholarship: ____Y/N (*You may apply for the NC Opportunity Scholarship by accessing the link through our website: cfaAcademy.org>Admissions>NC Opportunity Scholarship).*)

Please initial after each disclosure:

- I understand that once accepted, a registration fee is required to secure my student's spot. _____ Initial**
- I understand/agree to set up a FACTS Draft account if I choose for my tuition account to be paid for in monthly installments. _____ Initial.** (Visit our website: cfaAcademy.org>Admissions>FACTS Cashier to set up your draft account).

Church Information:

Family Church Affiliation/Denomination: _____ **Home Church:** _____
Pastor: _____ **Phone:** _____

Please submit the following documents with this application.

- *Current Report Card (Grades 1st-12th)
- *Current Transcript (Grades 8th-12th)
- *Copy of IEP, PEP or 504 Plan (if applicable)
- *Copy of birth certificate (Grades K4-12th)
- *Copy of immunization record (Grades K4-12th)
- *Confidential Recommendation Form (Grades K4-12th)
- *Physical Examination (Grades K4 & K5)

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____