



2017-2018

# Student Application

**Candies Creek Academy**

**294 Old Eureka Road**

**Charleston, TN 37310**

www.candiescreekacademy.com

ccacademy@candiescreek.com

423-790-5660 School Office

423-479-3731 Church Office

## General Information

**Student's Name:** \_\_\_\_\_  
Last First Middle

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
month/day/year

**Grade Entering** \_\_\_\_\_ **(K-must be 5 on or before August 15th)** **Interested in After-School Program? Yes or No**  
(pre-K4-12) (please circle one)

**Residential Address:** \_\_\_\_\_  
Street City State Zip

**Mailing Address: (if different)** \_\_\_\_\_  
PO Box City State Zip

## Family Information

**Parent/Guardian's Name:** \_\_\_\_\_  
Last First Middle

**Relationship to Student:** \_\_\_\_\_ **Home Number:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_  
**(If different from student)** Street City State Zip

**Cell Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_ **Home Number:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_  
**(If different from student)** Street City State Zip

**Cell Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_

**Name of Church:** \_\_\_\_\_ **Church Membership?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
**Or Regular Attender?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Family Information Continued**

**Siblings or Other Persons Living in Same Household**

Last Name	First Name	Age	Relationship to Student

**Education**

School Presently or Last Attended: \_\_\_\_\_

Other Schools Previously Attended: \_\_\_\_\_ Grade: \_\_\_\_\_ Year: \_\_\_\_\_

Other Schools Previously Attended: \_\_\_\_\_ Grade: \_\_\_\_\_ Year: \_\_\_\_\_

Has this student ever been suspended or dismissed at any school? \_\_\_\_\_ Yes \_\_\_\_\_ NO

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Has this student been evaluated and/or approved for an Individual Education Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Are there any academic or behavior concerns you may have regarding this student? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

QUESTIONS/COMMENTS? \_\_\_\_\_

**Signature Statement**

"I assure that all the information in the application is accurate and truthful."

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: Application Fee Paid \_\_\_\_\_ Date: \_\_\_\_\_

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**Authorization for the Release of Student Records**

Student's Name : \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

month/day/year

**AS THE STUDENT'S PARENT/GUARDIAN, I AUTHORIZE THE SCHOOL HE/SHE LAST ATTENDED:**

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

To the Attention of: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

School Fax Number: \_\_\_\_\_

**TO RELEASE ALL RECORDS:**

\_\_\_\_\_ Education Records (Transcript and Testing Information)

\_\_\_\_\_ Psychological Evaluations

\_\_\_\_\_ Medical Information (Certification of Immunization; Ear and Eye records)

\_\_\_\_\_ Attendance Records

\_\_\_\_\_ Disciplinary Records

\_\_\_\_\_ Other (Copy of Birth Certificate)

**TO THE SCHOOL AT WHICH THE ABOVE STUDENT HAS BEGUN THE REGISTRATION PROCESS:**

**ADMISSIONS**

**CANDIES CREEK ACADEMY**

**294 OLD EUREKA ROAD**

**CHARLESTON, TN 37310**

**FAX# 423-476-6607**

**ccacademy@candiescreek.com**

*All information received will be handled in a confidential manner.*

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_





