



Student Application

423-790-5660 School Office
423-479-3731 Church Office

Candies Creek Academy
294 Old Eureka Road
Charleston, TN 37310
www.candiescreekacademy.com
ccacademy@candiescreek.com

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: _____