



COLLEGEDALE ACADEMY

4855 College Drive East, P.O. Box 628
Collegedale, TN 37315

Telephone: 423-396-2124 Fax: 423-396-3363

RE-APPLICATION

THIS FORM IS FOR CURRENT CA STUDENTS ONLY

application fee required for processing

Please note that reserved spaces & fees will be forfeited if a student is unable to start school by the second week of a semester.

Please see www.collegedaleacademy.com for links to all types of additional information, announcements, and forms.

APPLICANT Please type or print clearly

Legal Name Last	First	Middle
Preferred Name (if different from first name):		

PLEDGE AGREEMENT

Your pledge:
 I understand that by being accepted at Collegedale Academy I will voluntarily honor Jesus Christ in my words and actions or learn ways to do so. In addition, I realize that I must maintain positive academic growth each semester in order to retain attendance privileges. My signature indicates my commitment to uphold, at all times, the printed and announced standards, principles, and policies which govern Collegedale Academy. **I understand that this pledge will be in effect throughout my academic experience at Collegedale Academy.**

→ **Signature of Applicant:** _____ **Date** _____

Parent/Guardian Statement: I agree to read the *Student Handbook* and to support the school in enforcing its policies and standards. **I understand this pledge will be in effect each year the applicant attends Collegedale Academy.**

→ **Signature of Parent/Guardian:** _____ **Date** _____

Please note: there are Multiple items that require signatures on this application including several forms at the end.

FERPA RELEASE

FERPA Notice/Disclosure and GCSS Confidentiality of Personally Identifiable Information Acknowledgement Receipt

- I have received the FERPA Notice/Disclosure concerning my student's information.
- By selecting one of the options below, I, the undersigned, make known my wishes about disclosure of identifiable information in writing to CA. **I understand that this will be in effect for all years the named student attends Collegedale Academy unless I give written notice otherwise.**

- Please choose →
- _____ **Yes**, CA has my permission to release personally identifiable information about my student(s) in accordance with the FERPA statutes.
 - _____ **No**, I do not want personally identifiable information about my student released.
PLEASE NOTE: Selecting NO means that your student will not be included in ANY school publications/programs including the yearbook!

→ **Signature of Parent/Guardian:** _____

Print Name _____

Date _____

Dress Code Compliance

As a student, I will support and uphold the Collegedale Academy dress code any time I am on the CA campus or on CA sponsored field trips. **I understand this will be in effect each year I attend Collegedale Academy.**

→ Student Signature _____ Date _____

Student Drug Testing Authorization and Release

I consent for specimens of hair to be taken and tested by a laboratory designated by Collegedale Academy ("Academy") to determine any current or prior use of illicit drugs, as defined by the Academy's Student Handbook. I also consent, should my hair be too short (less than approximately ½ inch) to obtain a usable specimen, to the collection of a saliva specimen or urine specimen that will be tested by a laboratory designated by the Academy to determine any current or prior use of illegal drugs, as defined by the Academy's Student Handbook.

I understand that the Academy may require such testing on a reasonable cause basis, or on a random basis, as designated in the Academy's Student Handbook. I also understand that follow-up testing will be required if any drug test returns positive results, or if I violate the Academy's Substance Abuse policy. I hereby consent to all such tests, and agree to cooperate in the taking and testing of all such hair, saliva, or urine specimens. I understand that the results of these tests will be used to determine my compliance with the Academy's Substance Abuse Policy, and could be used as the basis for discipline by the Academy, up to and including permanent dismissal. I understand that refusal to give consent for testing or cooperate in giving any necessary specimens requested by the Academy will result in permanent dismissal.

I authorize the laboratory to disclose all pertinent information, including test results, to its employees and to employees of the Academy involved in the testing process. **I hereby release the Academy and the laboratory or laboratories conducting the tests and all of their officers, directors, employees, representatives, agents, affiliated organizations, and attorneys from any and all claims, liabilities or actions arising out of or relating to the collection and testing of my hair or urine, communication of the test results, regardless of whether such claims, liabilities, or actions arise, in whole or in part, from the negligence of the parties released, or of any of them.**

I authorize the Academy and the testing laboratory to release test information, results, and forms in response to any proceeding commenced by me or on my behalf challenging the test and/or any disciplinary action taken as a result of the test. I have signed this authorization release voluntarily and of my own free will. **I understand that this document will be in effect each year the named student attends Collegedale Academy.**

IF YOU HAVE ANY QUESTIONS REGARDING THIS RELEASE, ASK BEFORE SIGNING.

→ Signature of Applicant: _____ Date _____

Parental Consent, required for all students under 18: I hereby consent to all of the above terms on behalf of my minor child.

→ Signature of Parent/Guardian: _____ Date _____

PERSONAL INFORMATION

Gender: Male Female Hm. Telephone Number: ___ ___ ___ / ___ ___ ___ / ___ ___ ___

Social Security Number: ___ ___ ___ / ___ ___ ___ / ___ ___ ___ SS# is for transcript I.D. purposes.

Grade you plan to enter: 9 <input type="checkbox"/> , 10 <input type="checkbox"/> , 11 <input type="checkbox"/> , 12 <input type="checkbox"/>	For the School year: ___ / ___ <input type="checkbox"/> 1st semester only <input type="checkbox"/> 2nd semester only	Birthdate: month/day/year ___ / ___ / ___
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Birthplace: (State) _____	Citizenship: <input type="checkbox"/> U.S.A <input type="checkbox"/> other <small>Please Specify _____</small>	If not U.S.A., what is your legal status? <input type="checkbox"/> Permanent Residency <input type="checkbox"/> Visa (Type: _____)	Has anyone in your family attended CA? Does anyone currently attend? Relationship _____
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Address: please add mailing and street, if they differ

Street and PO Box _____ City _____ State _____ Zip _____

County: _____	Home Church: _____	Ethnic Background: <input type="checkbox"/> African-American <input type="checkbox"/> Latino <input type="checkbox"/> Anglo/Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Is. <input type="checkbox"/> Other: _____
Religion: <input type="checkbox"/> SDA <input type="checkbox"/> Non- SDA Baptized? <input type="checkbox"/> yes <input type="checkbox"/> no Other (specify) _____		

DISCIPLINE HISTORY

Have you ever smoked or used any form of tobacco? yes no When Last? _____

Have you ever used alcohol or drugs? yes no Which ones? _____

When last? _____

Have you ever been expelled from school? yes no Which School? _____ Reason _____

Have you ever been asked to withdraw from school? yes no Which school? _____

Reason _____

Have you ever been suspended? yes no Which School? _____ Reason _____

Have you ever been involved in a crime? yes no What type? _____

Have you ever served a sentence or been on probation for any circumstances? yes no If "yes," what were the circumstances? _____

HEALTH INFORMATION

Do you have health conditions that would limit your participation in physical education?
 yes no If yes, please explain: _____

Have you ever missed more than 8 days in a school year? yes no
 If "yes," please explain: _____

Have you ever attended summer school or received tutoring due to academic difficulties? yes no
 If "yes," please indicate which subjects _____

Have you been diagnosed with a learning disability (with documentation) or had an IEP written for you? When? _____
 yes no If "yes," please explain _____

Divorced parents, please note Tennessee Code Annotated §36-6-101(a). Decree for custody and support of child — Enforcement — Juvenile court jurisdiction — Presumption of parental fitness — Educational seminars. —

Both parents are entitled to the following rights:

(D) The right to receive directly from the child's school records, names of teachers, class schedules, standardized test scores, and any other records customarily made available to parents, upon written request that includes a current mailing address and upon payment of reasonable costs of duplicating....

If you have a court order that states other than what is listed above, it is YOUR responsibility to provide a copy of that order to the school.

PERSONS TO RECEIVE INFORMATION / Family Relations

Relationship	Father <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Other	Mother <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Other	Other Relationship/Guardian
Name	Mr. <input type="checkbox"/> Elder <input type="checkbox"/> Dr. <input type="checkbox"/>	Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other: _____
Spouse's Name			
Home Address, city, state, zip	<small>Complete addresses please!</small> _____ _____ _____	<small>Complete addresses please!</small> _____ _____ _____	
Home phone			
Cell phone			
E-mail address			
Occupation			
Employer			
Work phone			
Church membership	Baptized SDA: Yes ___ No ___	Baptized SDA: Yes ___ No ___	
Who does the student live with from Aug.-May?			
Who has legal custody?			
Are both parents to receive grades? Yes ___ No ___	<small>Complete addresses please!</small> _____ _____ _____	<small>Complete addresses please!</small> _____ _____ _____	
Marital Status: parents are	<input type="checkbox"/> Married & Together <input type="checkbox"/> Separated	<input type="checkbox"/> Divorced & neither parent remarried <input type="checkbox"/> Divorced & at least one parent remarried	<input type="checkbox"/> one or more parents deceased <input type="checkbox"/> other _____

Do you have any siblings? yes no

If yes, what are their names/ages? _____

Forms for each year include:

- ◆ This re-application and fee--permission signatures will be in effect for each year this applicant attends Collegedale Academy.
 - ◆ Financial Agreement
- Please make sure to enter E-mail addresses, **legibly**, in order to receive the Weekly Update throughout the school year.



MEDIA RELEASE FORM

The Georgia-Cumberland Conference regularly uses photos and video in its publications and materials. This form simply gives permission for images of the participant named to be used as outlined below.

Organization: Collegedale Academy

(Please write the name of the church, school, Pathfinder club, or organization asking you to complete this form. If applicable, list the event the participant is attending.)

Participant's Name: _____

(Person being photographed or videotaped)

Participant's Address: _____

Participant's Telephone Number: _____



I understand this document will be in effect each year the named student attends Collegedale Academy.

For value received, I hereby consent and authorize the Georgia-Cumberland Conference of Seventh-day Adventists ("Georgia-Cumberland Conference"), or its assigns, to use my name and/or the names of my family members who are minors, as listed below, as well as my likeness, photos, videos and other information (or that of family members who are minors) for the purpose of news releases, advertising, publicity, publication or distribution in all forms and media. I further consent to such use in their present form and to any changes, alterations, or additions thereto. I hereby release the Georgia-Cumberland Conference of Seventh-day Adventists from all liability in connection with all such uses.

Participant/Guardian's Signature

(A parent or guardian must sign above if the participant is under age 18.)

Date

Mark this box if you DO NOT grant permission.

WITNESS: *(anyone who watches as this form is filled out)*

Witness: Please print name

Witness: Please sign name

**Greater Collegedale School System Transportation Policy Notice
Acknowledgement Form**

Student Name _____ Grade _____

I, the undersigned, parent/legal guardian of the student named above have read the GCSS Transportation Policy Notice and will comply with the current policy. Furthermore, I understand that if I choose to allow my child to drive himself/herself to and from school activities or if I choose to drive him/her to and from such activities, all transportation liability is my sole responsibility and GCSS will not cover any liability in those cases.

I understand that this document will remain in effect each year the named student attends Collegedale Academy unless I give written permission otherwise.

PLEASE SELECT ONE OF THE FOLLOWING CHOICES:

- () My child is allowed to drive himself/herself to and from school activities. I understand that he/she is not allowed to drive anyone else (as per GCSS Transportation Policy).

- () My child will be using school-provided transportation and will NOT be allowed to drive himself/herself to and from school activities.

Parent/Guardian Name _____
(Please print)

Telephone _____ Email _____

Signature Date