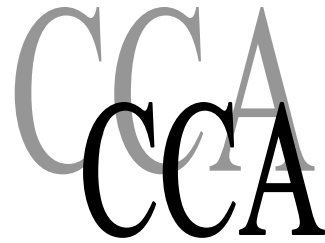


Central Christian Academy
1200 Hodges Ferry Road
Portsmouth, VA 23701
(757) 488-4477



FAMILY APPLICATION

Father's Name _____
Last First Middle Occupation Work Phone Cell Phone

Mother's Name _____
Last First Middle Occupation Work Phone Cell Phone

Guardian's Name _____
Last First Middle Occupation Work Phone Cell Phone

Address _____
Street City State Zip Home Phone

Do you require duplicate mailings sent to an address other than the primary address? Yes No

Name _____ Relationship _____

Phone Number _____ Address _____

Denominational Affiliation:

Father: Church now attending _____ Regularly Occasionally Seldom

Mother: Church now attending _____ Regularly Occasionally Seldom

Is either parent an alumnus or former student of Central Christian Academy? Yes No

If yes, mother's maiden name and year _____

How did you learn about Central Christian Academy? _____

Have you previously applied to Central Christian Academy? No Yes _____
Year

List two Christian references: (Include name, address, phone)

Please attach the following:

- A statement of father's individual Christian experience and faith.
- A statement of mother's individual Christian experience and faith.
- A statement detailing why you wish your child(ren) to attend Central Christian Academy.

We have read the **statement of cooperation, statement of philosophy, mission statement, and statement of faith of Central Baptist Church** and agree with them. Yes No

Signed _____
Father Mother Date

