



2600 Marriottsville Road · Marriottsville, MD 21104
Phone: (410) 442-5888 · Fax: (410) 442-2516
Web Site: <http://www.chapelgateacademy.org>

Fall 2018

Dear Parents of Prospective Students,

Thank you for choosing to apply to Chapelgate Christian Academy (CCA) for your student! We are happy to work with you to determine if CCA is the right match for your child and your family.

CCA offers rolling admissions; however, to maximize the opportunity for acceptance and avoid being placed on a waiting list when classes have already filled, families are encouraged to begin the application process in the fall for the following school year.

To apply for admission to Chapelgate Christian Academy:

- ❖ Parents or guardians need to submit completed application forms, all required supporting documents identified on the application checklist, and the registration fee of \$250 to our Admissions Office.
- ❖ Student applicants participate in Chapelgate's admissions testing. An Admissions Testing Reservation Request form is included in the application packet so that families can choose a testing date that works best for their schedule.
- ❖ Both parents and prospective students participate in an interview with the Head of School and other members of our admissions team.

It is the responsibility of the applicant's family to provide complete, accurate information on all forms and to submit all required supplemental documentation. All elements of the application process must be complete before students are considered for acceptance.

In order to finalize the admissions process, once the student is accepted, parents must select a payment plan and notify the Business Office of the plan they have chosen. When the admissions process has been completed by July 1, families are offered the opportunity to spread out tuition payments over ten months -- from July through April. When families complete the admissions process after July 1 there will be fewer monthly payments at a larger amount per month with final payments due in April. Students may not attend classes until a tuition contract is on file in the business office and agreed upon payments are current.

After you have reviewed the enclosed application materials, please feel free to contact me with any questions you may have. I may be reached at 410-442-5888, ext. 122 or e-mailed at cbarr@chapelgateacademy.org.

Sincerely,

Cindy Barr

Director of Enrollment

12/3/2018



FAMILY INFORMATION

Directions: To help the Admissions Team at CCA get to know your family, provide complete responses to questions in this section. Please take care that the information you provide is accurate and easy to read. It is the responsibility of the family to submit any supplemental documents that may be required. All elements of the admissions process must be completed before students can be considered for admission.

Why do you want your child or children to attend the Chapelgate Christian Academy? _____

How did you hear about Chapelgate Christian Academy?

Names of All Children **Current School and Grade** **Applying to CCA?**

_____ Yes No

_____ Yes No

_____ Yes No

Are you planning to apply for financial aid for the 2019-2020 school year? YES NO

Families should apply for financial aid as early as possible during the application for admissions process because they must be prepared to begin tuition payments by July of the current school year or within seven (7) days of admission/acceptance. A delay on your part in providing a complete financial aid package which delays our ability to evaluate your financial aid award, does not delay the start of your tuition payment obligation. Apply online by accessing the FAST Financial Aid Application portal from the Admissions tab on the CCA website. After completing the FAST online application, submit copies of all 2017 Federal, State, and W-2 tax forms to FAST for verification. Make sure to include a letter to the CCA Financial Aid Committee in the space provided in the FAST online application. The committee cannot consider awarding aid to your family until FAST has verified data in the online application. Financial aid allocations are not offered until after all elements of the admissions process are complete and the Admissions Team has decided to accept the student. **Applicants with the greatest level of identified need should not expect to receive financial aid awards of more than 50% of their tuition cost.** Financial aid awarded in one year does not guarantee financial aid for subsequent years.

Family Information, Pg. 2 for Student Applicant: _____

Father _____

Mother _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Employer _____

Employer _____

Position _____

Position _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Marital Status

Never Married _____

First Marriage _____

Widower _____

*Separated _____

*Divorced _____

*Remarried _____

Marital Status

Never Married _____

First Marriage _____

Widow _____

*Separated _____

*Divorced _____

*Remarried _____

***Important Note:** Is the custody of the student applicant impacted by separation, divorce, and/or remarriage? ___ Yes ___ No. If "Yes" a copy of the custody agreement **MUST** be submitted to CCA before the admissions process can be finalized.

To be completed by CCA Staff: If required, custody agreement received on _____.

Sign and date below

Signature Circle one: Father Guardian

Signature Circle one: Mother Guardian

Print Name

Print Name

Date

Date

By signing this form, I/we confirm that all information being provided in this application is complete and accurate to the best of my/our knowledge.

PARENTAL STATEMENT

Parents must agree to the following:

1. I have read the Chapelgate Christian Academy Statement of Faith and agree to have the student educated in accordance with it.
2. I will uphold the school in matters of spiritual nurturing.
3. I give permission for the student to be disciplined according to school policy.
4. I recognize that the school has the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.
5. I commit to:
 - a. Regular tuition payments.*
 - b. Practical help.
 - c. Faithful prayer.
 - d. Support for the administration and the teaching staff.
 - e. Attendance at school events.
 - f. Special financial gifts whenever possible (since tuition does not cover all costs).
6. I have read the Parent/Student Handbook and agree to abide by the operating procedures.
7. I give the student permission to attend scheduled field trips and other school activities when properly notified.
8. Recognizing that today's world requires students to be prepared to utilize technology effectively and responsibly, CCA staff members use technology to communicate with students and their parents. In addition, students are required to complete and submit some of their assignments using technology.
 - In order to fulfill requirements for communication and the completion of assignments, I commit to ensuring that my student has access to appropriate technology.

Parents must sign a Parental Statement form as a requirement for admission.

Father's Signature

Mother's Signature

CHAPELGATE CHRISTIAN ACADEMY TUITION PAYMENT POLICY

**After June 15, once a new student has been accepted or a current student has re-registered for the following year, families are responsible for the first semester's tuition unless they notify the Admissions Office in writing or via email that the student will not be attending CCA. This notification must be received no later than 5 (five) business days from the date of the acceptance for new students or re-registration for current students. Families withdrawing students at the conclusion of the first semester must notify (in writing or via email) the Admissions Office no later than January 15th to be exempt from paying tuition for the second semester. In all cases CCA will not refund the registration fee. Families whose student has been dismissed or expelled from CCA are responsible to pay the tuition through the end of the semester.*

FAMILY INVOLVEMENT INFORMATION

Family Involvement Information for: _____
(Name of Student Applicant)

Chapelgate Christian Academy's vision is to prepare students to glorify God as life-long stewards through creative, critical, and biblical thinking, influencing culture and serving others. Are there areas in which you as a parent or guardian would volunteer your time and talent to support our vision? If so, please identify all areas that apply and provide relevant details:

- _____ Moms In Touch prayer ministry
- _____ CCA's Athletic Program, ex. coaching. Please list sport(s): _____

- _____ Drama Productions, ex. costuming, technical support, rehearsals
- _____ Musical Programs, ex. conducting clinics, rehearsals, supervision during concerts
- _____ Hospitality
- _____ Driving buses for field trips, retreats, or athletic events (Requires CDL License)
- _____ Substituting for the School Nurse (Requires School Registered Nursing License and CPR Certification)
- _____ Retreats, field trips, ex. chaperoning, helping in kitchen
- _____ Tutoring. Please list subjects: _____

- _____ Mentoring
- _____ Serving on CCA Parent Advisory Committee
- _____ Sponsoring a club, ex. chess. Please list area(s) of interest: _____

- _____ Development, Marketing, Giving _____

Parent/Guardian Name: _____

The best phone number to use to reach me is: _____

My email address is: _____

STATEMENT OF FAITH

I believe:

1. That the Bible is the inspired, inerrant, and only infallible authoritative Word of God.
(II Timothy 3:16)
2. That there is one God eternally existent in three persons: Father, Son and Holy Spirit.
(I John 5:5-7)
3. That our Lord Jesus Christ is both God and man in one person. In His virgin birth, in His sinless life, and His miracles, in His bodily resurrection, in His Ascension to the right hand of the Father, and in His personal return in power and glory He is our Redeemer.
(I Corinthians 15:3; I Peter 2:21-24; John 3:16)
4. That God created man and all things, visible and invisible, very good by the power of His Word.
(Genesis 1 & 2; John 1)
5. That man, made in the image of God, is responsible to God in all things. Man has a unique and valuable place in the plan of God and must be highly esteemed and respected.
(Colossians 1:15)
6. That all people are, in their natural state, lost and sinful and in need of regeneration by the Holy Spirit, faith in Jesus Christ, and repentance toward God.
(Romans 3:21-30; Galatians 4:4-7)
7. That the Christian is enabled to live a godly life by the indwelling of the Holy Spirit.
(Galatians 5:22-25)
8. That there is a resurrection of both the saved and the lost: they that are saved, unto the resurrection of life; and they who are lost, unto the resurrection of damnation.
(John 5:24, 28, 29)
9. That there is a spiritual unity of believers in our Lord Jesus Christ.
(John 17:21-23)
10. Statement on Marriage:

We believe that God lovingly offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ.
(Acts 3:19-21; Romans 10:9-10; 1 Corinthians 6:9-11).

We believe that every person must be afforded compassion, love, kindness, respect, and dignity. (Mark 12:28-31; Luke 6:31). Hateful and harassing behavior or attitudes directed toward any individual are to be repudiated and are not in accord with Scripture nor the teaching of Chapelgate Presbyterian Church.

We believe that the term “marriage” has only one meaning: the union of one man and one woman in a single, exclusive union, as delineated in Scripture. (Genesis 2:18-25; Matthew 19:4-6; Ephesians 5:22-33). We believe that God intends sexual intimacy to occur between a man and a woman who are married to each other. (1Corinthians 7:2-5; Hebrews 13:4). We believe that any form of sexual immorality (including adultery, fornication, homosexual behavior, bisexual conduct, bestiality, incest, and use of pornography) is sinful and offensive to God. (Matthew 15:18-20; 1 Corinthians 6:9-10, 18).

Father’s Signature

Mother’s Signature

NOTE: Please sign and date above to show you have read, agree with, and understand that your child will be taught from the point of view expressed in Statements 1 through 10 above.

PASTOR'S REFERENCE

PART I. (To be completed by the applicant's family.)

After you have completed Part I, give this form to your pastor or other member of the leadership team at your church who knows your family, such as the assistant pastor, youth pastor, or elder. They will need to complete Part II and send directly to the Admissions Office at Chapelgate Christian Academy.

Names of children applying to Chapelgate Christian Academy:	<u>Current Grade</u> <u>In School</u>
1. _____	_____
2. _____	_____
3. _____	_____

Father _____	Mother _____
Church _____	Church _____
Pastor _____	Pastor _____
Have you personally received Jesus Christ as your Savior and Lord? _____	Have you personally received Jesus Christ as your Savior and Lord? _____
How often do you attend church? _____	How often do you attend church? _____

PART II. (To be completed by the pastor or other member of the church leadership team such as the assistant pastor, youth pastor, or elder.)

Is the above family an active member of your church? _____

Have any members of the family held a leadership position in the church? _____

If yes, please explain: _____

Are the above named children active in the youth program of your church? _____

Do you consider the children open to spiritual instruction? _____

What is your understanding of this family's relationship to God?

Are there any concerns that should be known by the school, which could either positively or negatively influence the decision of the admissions committee?

Do you recommend the family for admission to Chapelgate Christian Academy? _____

Signature _____

Name _____

Title _____

Church Name _____

Church Address _____

Return the completed form directly to the Admissions Office at:

Chapelgate Christian Academy
Attention: Admissions Office
2600 Marriottsville Road
Marriottsville, MD 21104

It can also be faxed to 410-442-3831 or emailed to cbarr@chapelgateacademy.org.

If you have any questions, please call the CCA Admissions Office at (410) 442-5888, ext. 122.

(City)

(County)

(State)

(Zip Code)

PART II.

(Name of Student Applicant)

Academic and behavioral information helps the CCA Admissions Team understand how prepared the applicant is to be a successful student in our rigorous college preparatory program, as well as the capacity of the Academy to provide the right setting for the student. In addition to completing application forms, families are to submit the supplemental documents designated below with an asterisk (*).

Required Recommendation Forms:

Three recommendation forms are included in this packet. Complete Part I of each form and give it to the appropriate individual who is asked to complete Part II and Part II, and then return the completed form directly to the CCA Admissions Office.

- Administration/Guidance Recommendation Form
- English Teacher’s Recommendation Form
- Mathematics Teacher’s Recommendation Form

Required Report Card/Transcript Documentation:

All students applying to grades 6 through 12 are required to provide report card information. Families of students who have been homeschooled need to contact the CCA Admissions Office for a copy of the Home School Summary form.

- * The final report card from the previous school year
- * A copy of the most recent report card from the current school year, and submit updates as subsequent report cards are issued.

In addition, students applying to grades 10, 11, and 12 are required to provide:

- *An unofficial transcript showing titles of courses, final grades, and credits awarded

Required Academic Achievement Test Data:

All applicants to CCA must participate in admissions testing that includes: a Student Information and Interest Survey, a structured summary-writing activity, and Reading, Math, and Language subtests of the Terra Nova Standardized Achievement Test. **NOTE: If your student takes the Terra Nova at the current school, provide a copy of the prior year’s test score report; submit an update once you receive scores for this year.**

PART III.

Why is the applicant leaving the previous school?

Has the applicant student ever experienced serious disciplinary action such as suspension, expulsion from school, or police arrest? No Yes If “Yes” please explain: _____

Do you give CCA administrative staff permission to contact staff members at your student’s current school?

Yes No

(Signature of Parent/Guardian)

(Date)

Name of Current School: _____

Name of Contact Person: _____ Position: _____

Email: _____ Phone Number: _____

PART IV.

(Name of Student Applicant)

It is essential to understand any needs a student may have for academic, emotional, and behavioral support. This data will help the CCA Admissions Team discern our capacity to provide appropriate services to your student.

Has the student ever repeated a grade? ____ Yes ____ No

Has any educational or psychological testing ever been administered to the student in addition to testing routinely administered to all students? ____ Yes ____ No If yes, please use the chart below to identify any diagnosed results. Circle all that apply.

Asperger's Syndrome/Autism	Deafness	Emotional Disability	Hearing Impairment	Specific Learning Disability: Reading
Specific Learning Disability: Math	Anxiety	Speech/Language Impairment	Traumatic Brain Injury/Concussion	Visual Impairment
ADHD	Specific Learning Disability: Written Language	Other Health Impairment	Depression	*Other Diagnosed Disability-provide clarification below

*If "Other Diagnosed Disability" is circled, please provide clarification. Please provide information you feel would be helpful to the CCA Admissions Team regarding any diagnosis circled above: _____

Have any educational accommodations ever been provided to the student? ____ Yes ____ No

504 Plan at present? ____ Yes ____ No **IEP** at present? ____ Yes ____ No

504 Plan in the past? ____ Yes ____ No **IEP** in the past? ____ Yes ____ No

NOTE: If CCA is being asked to provide accommodations, a copy of testing that provides test results, diagnostic information, and recommended accommodations MUST be submitted with this application.

NOTE: In some cases, CCA may require a copy of diagnostic testing that has been administered within the past 12 months. In addition, students' IEPs or 504 Plans that have been updated within the last 6 months must also be submitted.

To be completed by CCA Staff: Copies of Testing and 504 Plan/IEP received on _____.

List any accommodations you are expecting CCA to provide your student:

Chapelgate Christian Academy (CCA) provides academic support and instruction for students with identified learning differences through the MAG program (Mentoring Academic Growth). The MAG program is designed to meet the needs of motivated, college-bound students who benefit from support in the areas of executive function, written language, reading, spelling, study skills, and other language-based learning differences. Tutoring support

in the area of mathematics is also available at CCA. There is an additional cost for participation in these programs. In some cases, CCA may require participation in the MAG Program and/or tutoring in mathematics as a condition of admission. For more information, contact the Admissions Office.

PART IV. Continued

(Name of Student Applicant)

Has the student received counseling or other professional care for social/emotional or mental health issues?

Currently? Yes No In the past? Yes No If yes, please explain here:

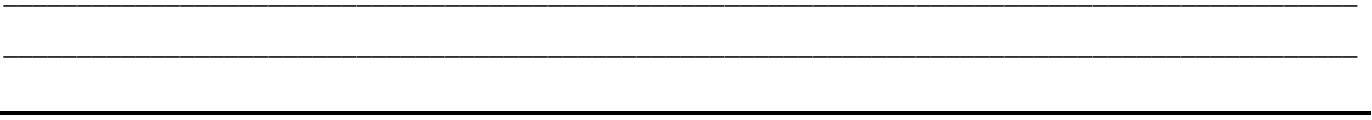
Has the student required hospitalization or outpatient care for social/emotional or mental health issues?

Currently? Yes No In the past? Yes No If yes, please explain here:

Is your child on medication(s) on a regular basis? Yes No

If yes, give the name(s) of the medication(s) and dosage(s): _____

Is there additional information concerning your student you would like the CCA Admissions Team to consider?



ENGLISH TEACHER'S REFERENCE

PART I. (To be completed by the applicant's family)

Student's Name: _____ Applying for Grade: _____

I authorize the release of information for the student named above to Chapelgate Christian Academy.

PARENT'S SIGNATURE: _____ Date: _____

I waive the right to seek access to confidential recommendations and evaluations used to determine my child's admission. Chapelgate Christian Academy reserves the right to contact the person completing this form for further clarification if necessary.

PART II. (To be completed by the School Officials) All information provided to Chapelgate Christian Academy is held in confidence and will not be shared with the applicant's family. Your observations are valuable to our staff as we work to determine whether we might be a good match for this applicant. Please complete and sign Part II of this form and forward to: Linda Cassell, Chapelgate Christian Academy Admissions Office, 2600 Marriottsville Road, Marriottsville, MD 21104. Alternately, documents can be emailed to cbarr@chapelgateacademy.org or faxed to 410-442-3831. **Thank you for taking time to reflect and provide us with your perspective.**

Instructions for the English Teacher: Please complete items 1-8 on page 1 and Sections A, B, and C on page 2.

1. Name of the Current School: _____

2. English Teacher's Name: _____

Signature: _____ Date: _____

3. How long have you known the applicant? _____

4. What words come to your mind to describe this applicant? _____

5. Current course & title of text: _____

6. Have you been providing educational accommodations to this applicant? _____ If so, please identify them:

7. To your knowledge, has the applicant been evaluated for learning disabilities? _____

8. If you would like to talk with a member of our staff concerning this applicant, please provide contact information:

Email: _____

Phone: _____

Best time to call: _____

ENGLISH TEACHER'S REFERENCE, PAGE 2

A. Information about the Applicant's Academic Qualities:

Please circle the phrases that best describe this applicant's academic qualities:

<u>Academic Ability</u>	Outstanding	Good	Average	Weak
<u>Academic Achievement</u>	Far Above Expectations	Better Than Tests	As Expected	Below Expectations
<u>Self-motivation</u>	Consistently Eager to Learn	Demonstrates Some Motivation to Learn	Does Only What is Required	Does Very Little Work for this Class
<u>Study Habits:</u>	Seems Consistently Well Organized	Usually Completes and Turns in Work on Time	Inconsistent About Completing Work & Turning it in on Time	Work is Usually Late and Often Incomplete
<u>Ability to Work</u>	Works Well Consistently	Usually Works Well	Sometimes Struggles	Often has Difficulty Working in a Group
<u>Participation in Discussion</u>	Readily participates; adds value to the conversation	Participates Willingly	Contributes Only When Called On	Tries to Dominate any Discussion
<u>Reads for Pleasure</u>	Regularly	Often	Occasionally	Not to my Knowledge
<u>Written Expression</u>	Excellent	Good	Fair	Limited
<u>Mechanics</u>	Excellent	Good	Fair	Limited
<u>Oral Expression</u>	Outstanding	Effective	Has Some Difficulty	Limited
<u>Follows Directions</u>	Quickly & Correctly	Occasionally Requires Clarification	Frequently Needs Directions Repeated	Often Seems to Ignore or Misunderstand Directions
<u>Seeks Help When Needed</u>	Always	Most of the Time	Occasionally	Not Usually
<u>Attention Span</u>	Exceptional	Usually Good	Sometimes Distracted	Easily Distracted

B. Information about the Applicant's Personal Qualities:

Please circle the phrases that best describe this applicant's personal qualities:

<u>Maturity</u>	Very Mature	Typical for Age	Somewhat Immature	Very Immature
<u>Peer Social Relationships</u>	Healthy Friendly Relationships	Occasional Minor Difficulties with Peers	Frequent Minor Difficulties with Peers	Often Has Difficulty Getting Along with Peers
<u>Conduct</u>	Consistently Respects Authority and Obeys Rules	Usually Respects Authority and Obeys Rules	Occasional Mis-conduct	Frequently Disruptive

C. Information About the Applicant's Instructional Level in English/Language Arts:

Please circle the phrase that best describes this applicant's instructional level:

Significantly Above Grade Level	Above Grade Level	On Grade Level	Below Grade Level	Significantly Below Grade Level
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MATHEMATICS TEACHER'S REFERENCE

PART I. (To be completed by the applicant's family)

Student's Name: _____ Applying for Grade: _____

I authorize the release of information for the student named above to Chapelgate Christian Academy.

PARENT'S SIGNATURE: _____ Date: _____

I waive the right to seek access to confidential recommendations and evaluations used to determine my child's admission. Chapelgate Christian Academy reserves the right to contact the person completing this form for further clarification if necessary.

PART II. (To be completed by the School Officials) All information provided to Chapelgate Christian Academy is held in confidence and will not be shared with the applicant's family. Your observations are valuable to our staff as we work to determine whether we might be a good match for this applicant. Please complete and sign Part II of this form and forward to: Linda Cassell, Chapelgate Christian Academy Admissions Office, 2600 Marriottsville Road, Marriottsville, MD 21104. Alternately, documents can be emailed to cbarr@chapelgateacademy.org or faxed to 410-442-3831. **Thank you for taking time to reflect and provide us with your perspective.**

Instructions for the Mathematics Teacher: Please complete items 1-8 on page 1 and Sections A, B, and C on page 2.

1. Name of the Current School: _____

2. Mathematics Teacher's Name: _____

Signature: _____ Date: _____

3. How long have you known the applicant? _____

4. What words come to your mind to describe this applicant? _____

5. Current course & title of text: _____

6. Have you been providing educational accommodations to this applicant? _____ If so, please identify them:

7. To your knowledge, has the applicant been evaluated for learning disabilities? _____

8. If you would like to talk with a member of our staff concerning this applicant, please provide contact information:

Email: _____

Phone: _____

Best time to call: _____

MATHEMATICS TEACHER'S REFERENCE, PAGE 2

A. Information about the Applicant's Academic Qualities:

Please circle the phrases that best describe this applicant's academic qualities:

<u>Academic Ability</u>	Outstanding	Good	Average	Weak
<u>Academic Achievement</u>	Far Above Expectations	Better Than Tests	As Expected	Below Expectations
<u>Self-motivation</u>	Consistently Eager to Learn	Demonstrates Some Motivation to Learn	Does Only What is Required	Does Very Little Work for this Class
<u>Study Habits:</u>	Seems Consistently Well Organized	Usually Completes and Turns in Work on Time	Inconsistent About Completing Work & Turning it in on Time	Work is Usually Late and Often Incomplete
<u>Ability to Work</u>	Works Well Consistently	Usually Works Well	Sometimes Struggles	Often has Difficulty Working in a Group
<u>Participation in Discussion</u>	Readily participates; adds value to the conversation	Participates Willingly	Contributes Only When Called On	Tries to Dominate any Discussion
<u>Background Knowledge of Math</u>	Extremely strong math foundation	Good foundation – ready to learn	Sometimes needs re-teaching to fill in knowledge “gaps”	Poor math foundation impedes learning
<u>Ability to Grasp New Math Concepts</u>	Grasps new math concepts intuitively	Needs very little help to grasp new math concepts	May need guided practice to grasp new math concepts	Requires individual tutoring to grasp new math concepts
<u>Math Applications & Problem Solving</u>	Exceptional ability to apply concepts and solve math problems	Consistently applies concepts and solves problems accurately	Usually applies concepts and solves problems accurately	Has difficulty applying concepts and solving problems accurately
<u>Follows Directions</u>	Quickly & Correctly	Occasionally Requires Clarification	Frequently Needs Directions Repeated	Often Seems to Ignore or Misunderstand Directions
<u>Seeks Help When Needed</u>	Always	Most of the Time	Occasionally	Not Usually
<u>Attention Span</u>	Exceptional	Usually Good	Sometimes Distracted	Easily Distracted

B. Information about the Applicant's Personal Qualities:

Please circle the phrases that best describe this applicant's personal qualities:

<u>Maturity</u>	Very Mature	Typical for Age	Somewhat Immature	Very Immature
<u>Peer Social Relationships</u>	Healthy Friendly Relationships	Occasional Minor Difficulties with Peers	Frequent Minor Difficulties with Peers	Often Has Difficulty Getting Along with Peers
<u>Conduct</u>	Consistently Respects Authority and Obeys Rules	Usually Respects Authority and Obeys Rules	Occasional Mis-conduct	Frequently Disruptive

C. Information About the Applicant's Instructional Level in Mathematics:

Please circle the phrase that best describes this applicant's instructional level:

Significantly Above Grade Level	Above Grade Level	On Grade Level	Below Grade Level	Significantly Below Grade Level
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What math course do you recommend for this student for the upcoming year? _____

ADMINISTRATIVE/GUIDANCE REFERENCE

PART I. (To be completed by the applicant's family)

Student's Name: _____ Applying for Grade: _____

Name of the Current School: _____

PART I. (To be completed by the Student's Parent/Guardian)

I authorize the release of information for the student named above to Chapelgate Christian Academy.

PARENT'S SIGNATURE: _____ **Date:** _____

I waive the right to seek access to confidential recommendations and evaluations used to determine my child's admission. Chapelgate Christian Academy reserves the right to contact the person completing this form for further clarification if necessary.

PART II. (To be completed by the School Official) All information provided to Chapelgate Christian Academy is held in confidence and will not be shared with the applicant's family. Your observations are valuable to our staff as we work to determine whether we might be a good match for this applicant and his or her family. Please complete and sign this form and forward to: Admissions Office, Chapelgate Christian Academy Admissions Office, 2600 Marriottsville Road, Marriottsville, MD 21104. Documents can be emailed to cbarr@chapelgateacademy.org or faxed to 410-442-3831. **Thank you for taking time to reflect and provide us with your perspective.**

1. Name of individual completing this form: _____

Signature: _____ Date: _____

2. How long have you known the applicant? _____

3. What words come to your mind to describe this applicant? _____

4. To your knowledge, has the applicant been evaluated for learning disabilities? ___ Yes ___ No

If "Yes", please elaborate: _____

5. Have educational accommodations been provided to this applicant? _____ If so, please identify them:

6. Would you be willing to talk with a member of CCA's staff concerning this applicant? If so, please provide your contact information:

Email: _____

Phone: _____

Best time to call: _____

ADMINISTRATIVE/GUIDANCE REFERENCE, PAGE 2

A. Please circle/provide the phrases that best describe this applicant as a student at your school:

<u>Verbal Academic Abilities</u>	Outstanding	Good	Average	Weak
<u>STEM Academic Abilities</u>	Outstanding	Good	Average	Weak
<u>Academic Achievement</u>	Far Above Expectations	Better Than Tests	As Expected	Below Expectations
<u>Creative Abilities</u> Circle all that apply	Visual Arts	Musical Performance	Drama	Dance
<u>Athletic Abilities</u>	How important are sports to this student? <u>Circle:</u> 1 (not very) 2 (average) 3 (extremely)			
	What sports does he/she play?			
<u>Self-motivation</u>	Consistently Eager to Learn	Demonstrates Some Motivation to Learn	Does Only What is Required	Does Very Little Work for this Class
<u>Ability to Work</u>	Works Well Consistently	Usually Works Well	Sometimes Struggles	Often has Difficulty Working in a Group
<u>Follows Directions</u>	Quickly & Correctly	Occasionally Requires Clarification	Frequently Needs Directions Repeated	Often Seems to Ignore or Misunderstand Directions
<u>Seeks Help When Needed</u>	Always	Most of the Time	Occasionally	Not Usually

B. Please circle the phrases that best describe this applicant’s personal qualities:

<u>Maturity</u>	Very Mature	Typical for Age	Somewhat Immature	Very Immature
<u>Peer Social Relationships</u>	Healthy Friendly Relationships	Occasional Minor Difficulties with Peers	Frequent Minor Difficulties with Peers	Often Has Difficulty Getting Along with Peers
<u>Conduct</u>	Consistently Respects Authority and Obeys Rules	Usually Respects Authority and Obeys Rules	Occasional Mis-conduct	Frequently Disruptive

Has the student had a history of behavioral, social/emotional, or mental health issues? If so, please elaborate:

C. Please answer the following:

1. Please comment on the student-parent relationship: _____

2. Please describe the parent’s relationship with the student’s teachers and your school: _____

3. Has this family satisfied all financial obligations to your school? _____ Yes _____ No

Thank you for taking time to complete and return this form. Feel free to provide any additional information you believe will be helpful to the admissions team at Chapelgate Christian Academy.

ADMISSIONS & PLACEMENT TESTING INFORMATION

I. Admissions Testing: Applicants are required to complete admissions testing including the following:

1. *Student Information and Interest Survey*
2. *Structured Summary-writing Activity*
3. *Terra Nova 3 Standardized Achievement Test* (Reading, Math, and Language subtests). Students who have taken the Terra Nova within the past 12 months, should submit a copy of the test score report with the application and schedule a date for completing the Student Survey and Summary-writing Activity.

Submit this form with the application packet to schedule your student for admissions testing. Admissions testing for the 2018 – 2019 school year will be conducted on the dates listed below. **Indicate your 1st and 2nd choices for testing by numbering those two dates in order of preference:**

_____	Saturday	January 19, 2019	Rooms 200 & 201
_____	Saturday	February 9, 2019	Rooms 200 & 201
_____	Saturday	March 9, 2019	Rooms 200 & 201
_____	Saturday	April 27, 2019	Rooms 200 & 201
_____	Saturday	May 18, 2019	Rooms 200 & 201
_____	Summer, 2019 – date to be determined		

Test times for all dates are from 9:00 AM until approximately 2:30 PM. Parents will receive e-mail messages confirming the date reserved for their student and providing instructions for attending the admissions testing. In case of inclement weather on a test date, parents can call (410) 442-5888 or check the school's website at www.chapelgateacademy.org to find out if the testing is being held or re-scheduled. **The sooner a student has been tested, the sooner the Academy will be able to finalize the acceptance process for that applicant. When applications for admission are received later than July 31, CCA cannot guarantee completion of the admissions process in time for students to enroll by the beginning of the school year.**

II. Placement Testing: CCA staff will analyze applicants' report cards, transcripts, teacher recommendations, and admissions test results to determine new students' placement in CCA's math and/or foreign language courses. In most cases, students new to CCA will be required to participate in placement testing to finalize decisions about their mathematics and/or foreign language classes for the coming school year. Placement tests are administered during the summer. The Admissions Office will contact parents to schedule placement testing appointments for their students.

III. Provide the following information:

Student's Name: _____ Applying For: _____th Grade

Parent's Name: _____

Home Phone: _____ Cell Phone: _____

Parent's E-mail Address: _____

Condition	Yes	No	If yes, describe:
Diabetes			
Ear or Hearing Problems			
Eye or Vision Problems			
Heart Problems			
Learning Problems/Disabilities			
Limits on Physical Activity			
Meningitis			
Migraines			
Musculoskeletal Problems and/or Mobility Issues			
Seizures			
Sickle Cell Disease			
Stomach Problems			
Other:			

Hospitalizations (please list all)	
Date(s):	Reason(s):
Surgeries (please list all)	
Date(s):	Reason(s):

Parent Signature

Date

MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

CHILD'S NAME _____
 LAST FIRST MI
 SEX: MALE FEMALE BIRTHDATE ____/____/____
 COUNTY _____ SCHOOL _____ GRADE _____

PARENT OR GUARDIAN NAME _____ PHONE NO. _____
 ADDRESS _____ CITY _____ ZIP _____

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

Vaccines Type													
Dose #	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr
1									1				
2									2				
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr
4										_____	_____	_____	_____
5										_____	_____	_____	_____

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name
Office Address/ Phone Number

1. _____ Signature
 Title Date
(Medical provider, local health department official, school official, or child care provider only)
 2. _____ Signature
 Title Date
 3. _____ Signature
 Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a: Permanent condition OR Temporary condition until ____/____/____
 Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, _____

Signed: _____ Date _____
 Medical Provider / LHD Official

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

How To Use This Form

The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

Only a medical provider, local health department official, school official, or child care provider may sign ‘Record of Immunization’ section of this form. This form may not be altered, changed, or modified in any way.

Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **varicella, measles, mumps, or rubella**.
2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.
3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).
4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but **revaccination may be more expedient**.
5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

Immunization Requirements

The following excerpt from the MDH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

“A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

- (1) Preschool program unless the student's parent or guardian has furnished evidence of age appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
- (2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
- (3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine.”

Please refer to the “**Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools**” to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and MDH COMAR 10.06.04.03 are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the “**Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs**” guideline chart are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)

Requested: _____
2 nd Request: _____
3 rd Request: _____
Received: _____

REQUEST FOR RECORDS

Directions for Parents/Guardians: Provide all requested information about your student's current school. Fill in your student's name and grade for the current school year; then sign, date, and return this form with the rest of your application packet. CCA will use this form to request records directly from your student's current school.

School Name	School Telephone Number
School Street Address	School FAX Number
City/State /ZIP	Name of Contact Person
	Email address for contact person

This is to certify that _____ has applied for admission to the ____th grade at Chapelgate Christian Academy for the _____ school year.

Directions for School Registrars:

1. Please send most recent/final report card, transcript, and immunization records to CCA Admissions Office by fax to 410-442-3831 or email to cbarr@chapelgateacademy.org.

For students who have completed 9th grade or above, please include a transcript with course titles, final grades, grading scale, and credits awarded for each course.

2. Has this family satisfied all financial obligations to your school? Yes No Initials: _____
3. Please follow-up by mailing copies of all school records including education (grades, transcripts, test results), health (including vision and hearing screening results), special education, disciplinary, and confidential records to:

**Chapelgate Christian Academy
Attention: Cindy Barr
2600 Marriottsville Road
Marriottsville, Maryland 21104**

Melissa Barrett

Head of School

RELEASE OF RECORDS

I hereby give permission for the release of all my son's/daughter's records, including grades, health records, test scores, behavior and psychological records, and special education records if applicable, to Chapelgate Christian Academy.

Signature of Parent/Guardian	Date
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INTERNET AND NEWSPAPER PERMISSION

It is the practice of CCA, when appropriate, to publish photographs and names of students on the school's website, or in local newspapers to highlight events and activities at the school, such as dramatic productions, concerts, and sports, or to recognize students' noteworthy achievements. Additionally, photographs and names of CCA student athletes may appear on either the MIAA (boys) or IAAM (girls) League website as a means of publicizing information about our sports teams and student athletes.

Directions: Provide your student's name, your signature, and today's date following either Statement A (indicating you give permission) or Statement B (indicating you do NOT give permission) below in order to communicate your instructions to CCA regarding this matter.

A. If, as a parent or guardian, you give Chapelgate Christian Academy permission to publish your student's name and/or photograph as described above, please provide the name of your student, your signature, and today's date in the space immediately following:

Name of Student

Parent/Guardian Signature

Date

OR

B. If, as a parent or guardian, you do NOT give Chapelgate Christian Academy permission to publish your student's name and/or photograph as described above, please provide the name of your student, your signature, and today's date in the space immediately following:

Name of Student

Parent/Guardian Signature

Date

PLEASE NOTE: The instructions you have provided on this form shall be considered as standing throughout your student's career at Chapelgate Christian Academy, unless you provide a written notification of any change. Such notifications should be submitted to the attention of the Academy's Registrar.



Eligibility Verification Form

(rev 6/18)

A transfer student is one who changes enrollment from one school to another. Participation, in regards to any transfer policy, is defined as practicing or scrimmaging during the regular season, beginning with the 1st tryout/practice date or playing in any interscholastic competition. Any transfer student who is deemed ineligible can practice or workout with their team however they cannot compete in any interscholastic competitions. Please read the transfer policy guidelines below. If you have any questions, please call the league office at 410-544-2233

A transfer student who changes schools during the school year and has participated in interscholastic athletics at any level at his former school is ineligible to participate in interscholastic activities for the remainder of that school year. Additionally, that student, if he or she was a varsity athlete at their previous school, is ineligible for participation in that (those) sport(s) for one calendar year from the date of enrollment. A student athlete who is by definition a varsity athlete at a member school may not become eligible to participate at another member school in the next academic year by enrolling in a non-member school for a period of less than one full academic year. Further, a student's eligibility to participate is based on his/her participation for the prior year only. A student who plays on a varsity team during one year and does not participate in the year prior to transfer, will be eligible to play provided all other transfer criteria are met. Please refer to the definition of a "varsity athlete" which is addressed later in this form.

A transfer student who migrates from one member school to another and was a varsity athlete at his / her previous school is ineligible to participate in that sport at the new school for one calendar year beginning with the first date of enrollment at the new school. If that student was an undersquad athlete (freshman or junior varsity) at his previous school, he / she may transfer without penalty unless transferring under stipulations in paragraph 1.

Open Enrollment Period - An Open Enrollment Period will be offered for non-member student athletes. From June 1 through September 1, student athletes transferring from any non-member school to a member school, may transfer to and participate in interscholastic athletics, at any level, without penalty. In order to qualify under this guideline, all appropriate paperwork must be completed and the enrollment contract deposit must be paid on or before September 1. The MIAA reserves the right to request copies of any enrollment contract. The student athlete must physically be attending classes on the first day of fall classes or by September 1. If the opening of the member school is after September 1, the required paperwork and deposit must be complete on or before the September 1st date.

30 Day Rule - A transfer student, regardless of prior participation, who transfers between September 1 and May 30 of any academic year, may not participate in a league competition of this Association until 30 days after the date of enrollment at the new school, which date may not precede the last day of the student's attendance at the prior school.

Date of Enrollment - Date of enrollment is defined as the first day the student is physically attending classes.

Varsity Athlete - For transfer purposes, a non-member school varsity athlete is defined as a student who has competed in any way in a varsity interscholastic competition. In addition, an MIAA varsity athlete is defined as a student who has competed in any way in a varsity interscholastic conference competition. Participation in any non-conference scrimmages or games at the varsity level, throughout the season, does not have an impact upon the transferring student's status. Participation and eligibility, in general, is based upon participation while in grades 9-12.

Limits of Participation - A student athlete is limited to four years of participation in any one sport in grades 9 thru 12.

The only exceptions to this policy are the following:

- a) if a student were to change their primary residence; a change in primary residence means a move of more than 30 miles from their present residence.
- b) if a student's present school eliminates the athletic program in which he/she is participating.

This transfer policy is effective as of June 1, 2009 and is non-appealable.

A TRANSFER STUDENT, REGARDLESS OF PRIOR PARTICIPATION, MAY NOT PARTICIPATE IN ANY INTERSCHOLASTIC COMPETITIONS UNTIL THIS FORM IS SUBMITTED TO THE LEAGUE OFFICE AND APPROVAL IS GRANTED.

Eligibility Verification Forms are due to the league office upon the date of enrollment. For any transfer student without a verified EVF, any games played will be subject to forfeiture. Additionally, a student athlete transferring from one member school to another may not participate in interscholastic athletics until all financial obligations at the previous school have been satisfied.

Transferring Student's Name: _____
Last First Middle

Current Address _____ City _____ State _____ Zip code _____

If you have lived at this address for less than one year, please provide former address and date of move:

(please complete reverse side)

Phone (____) _____ Date of Birth _____ Class Enrolling Into: Fr So Jr Sr
Have you (Will you be) repeated (repeating) any grades since entering the 9th grade? _____

Name of MIAA School Student is Transferring to: _____

Name of Outgoing School _____

Address _____ City _____ State _____ Zip code _____

Phone (____) _____ Date of Withdrawal from Outgoing School _____

Name of School Student Attended for Ninth Grade _____ Date Enrolled _____

Athletic History at Outgoing School(s):

(Please include participation level, sport, and academic calendar year of participation – i.e. Varsity Basketball, 2012-2013)

Fall Sports _____

Winter Sports _____

Spring Sports _____

Have all financial obligations been satisfied at your outgoing school? _____

I certify that the information provided on this Eligibility Verification Form is true and correct as of the date set forth opposite my signature.

Parent / Guardian Signature _____ Date _____

Name of Outgoing School Principal: _____ Phone# (____) _____

Name of Outgoing School Director of Athletics: _____ Phone# (____) _____

Signature of Outgoing School Director of Athletics _____ Date _____

To be completed by Admission Officer of the School the Student is transferring to.

Date of Application _____ Date of Acceptance _____ Date Enrollment Contract Signed _____

1st Date of Attendance _____ For International Students, Name of Approved CSIET Agency _____

Signature of Admissions Officer _____ Date _____

Return completed form and proof of age (Birth Certificate, State Issued ID or Passport) to:

**MIAA
P.O. Box 606
Severna Park, MD 21146
Fax (410) 544-2283
sandi@miaasports.net**