



*This New Sibling Enrollment Application contains the following documents:*

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**If you have any questions about these forms, please contact the CDA office – 509-392-7420.**

**Our Mission:**

“To partner with Christian parents and local churches in providing excellent, accessible, and classical education, centered on the person and work of Jesus Christ”



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## New Sibling Enrollment Form for School Year \_\_\_\_\_

**Admin: Please attach to this family:**

**Father's first name:** \_\_\_\_\_ **Last name:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Cell Phone Provider:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mother's first name:** \_\_\_\_\_ **Last name:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Cell Phone Provider:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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

### Church Information

**Name of church:** \_\_\_\_\_

**Are you presently a member? (Yes / No)** \_\_\_\_\_ **Pastor Name:** \_\_\_\_\_

### NEW STUDENT PLACEMENT TESTS (Grades 1-12)

New students will be required to complete a placement test/transcript review to ensure proper placement.

**To make this application complete, please include the following:**

1. A copy of the most recent achievement test scores.
2. Grade report cards of the most recent quarter and one from the previous year.
3. A copy of any divorce/custody decision as it pertains to the student (s).
4. Please ask your pastor to answer the pastor's reference page at the end of this form. If you have recently moved to Tri-Cities, please ask your former pastor to complete it.

# STUDENT ENROLLMENT REQUEST FORM

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Feel free to make additional copies as necessary.

We require kindergarten applicants to be five years old before September 1.

**Student name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

Requested grade for application year: \_\_\_\_\_

Please specify any food or medication allergies, or medical conditions school administrators should be aware of (attach additional sheets if necessary): \_\_\_\_\_

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## STUDENT(S) INFORMATION:

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School background of student (please include preschool):

Name of School	Address	Grade(s)	Reason for leaving

***Coram Deo is not staffed to handle students with severe learning disabilities or those who have behavioral problems. For your child's best interest, please be candid when you answer the following questions. (If you are applying for more than one child, please consider each one when answering.) Further elaboration on your answers may take place during an interview.***

Has your child ever failed or repeated a grade? \_\_\_\_\_ If yes, please explain:

Has your child ever skipped a grade? \_\_\_\_\_ If yes, please explain:

Has your child ever been suspended or expelled? \_\_\_\_\_ If yes, please state the year, school, and reason:

## STUDENT(S) INFORMATION (Continued)

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What are the strong points of your child's character?

What are areas of needed growth or improvement?

Has the student ever been referred for testing or placed in a special program?

Has your child ever been examined or treated by a counselor/doctor/psychiatrist for hyperactivity or attention deficit disorder?

Do you suspect or have you been told that your child might have a learning disability?

Has your child ever been involved in legal problems or been arrested?

Do you have any insights you want to share about the relationship between the siblings attending CDA?

## Photo & Fieldtrip Permissions:

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### **PHOTO PERMISSION:**

I **do / do not (please circle one)** give my permission to use photos of my student(s) for Coram Deo Academy use in classrooms, halls, newsletters, and private social media.

I **do / do not (please circle one)** give my permission to use photos of my student(s) on the school website and public social media.

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

### **FIELDTRIP PERMISSION:**

My child(ren) have my permission to participate in all field trips taken by Coram Deo Academy. It is my understanding that all field trips will be communicated by Coram Deo Academy in advance. I understand I can choose to keep my child at home if I do not wish for them to attend a field trip.

Students will be transported to and from the field trip destination in parent-owned, parent-driven vehicles utilizing child restraint and/or booster seats (as required by WA law). All reasonable precautions will be exercised to ensure the safety of the students.

My signature below evidences that I:

1. Accept general liability for the participation of my child(ren) in all field trips and that I agree to indemnify and hold harmless Coram Deo Academy, its teachers, its governing board, and other participating agents, either jointly or severally, from and against any and all claims, injuries, damages, losses, costs, or causes of action that may arise in connection with all field trips.
2. Agree, in the event of a medical emergency, to allow my child(ren) to be treated by medical personnel as outlined in my "Emergency Release Form." Students must have this completed and signed authorization form before they will be permitted to participate in all field trips. Students without this authorization form will not be allowed to leave the building for field trips. No exceptions will be made.

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

## TUITION AND FEES:

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**Please refer to the current CDA Tuition and Fees information.**

### **ACKNOWLEDGMENT OF EARLY WITHDRAWAL OF STUDENTS POLICY**

Coram Deo Academy purchases curriculum and makes commitments to faculty, staff, and facilities long before the start of a new school year. These annual obligations continue even if a child withdraws from the school mid-year. Therefore, when a family, either new or returning, completes the admissions process and signs the contract, they have entered into a legally binding contract and **owe tuition and fees for the next six months or the end of school contract year**, whichever comes first. This is not intended to cause hardship for any family but is a necessary provision to insure the financial solvency of the school.

My signature below indicates I have read and agree to abide by the Coram Deo Academy policy on Early Withdrawal of Students. I understand my financial commitment and the dates payments are due, and I agree to faithfully meet my obligations to the school.

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

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

# ADMISSIONS POLICY

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Coram Deo Academy strives to provide students with a quality learning environment, and we strive to ensure that our students meet standards of learning and conduct, above and beyond what other students are held to. Our worldview demands that we protect our children from the influences of evil that surround us culturally until such a time as we have trained them up to resist and fight this evil on their own. Therefore, we wish to maintain a safe and secure school to serve as the training grounds for our children, so that having received their training they may one day leave that security and be able to capably fight the good fight against the forces of darkness in this world, and be a blessing to society by their godly walk with the Lord.

**The first basic requirement** for admission to Coram Deo Academy is that the parents of students are members in good standing of a Bible-believing church. Exceptions to this requirement will only be handled on a case-by-case basis. We wish to spread the Gospel through education to all ends of the earth, and so we do allow for exceptions, but we do not wish to do this at the expense of your children's education, which is our first priority.

**The second basic requirement** is that parents have a good understanding of Classical Christian education and are fully committed to support the mission and vision of Coram Deo Academy.

Families that are new to Coram Deo Academy will be required to complete an interview with the Principal after submitting their enrollment form (the Principal will contact these families to schedule a time to meet). Returning families are not required to attend an interview, but may optionally request one if they so desire.

## **POLICY ON DISCRIMINATION**

Coram Deo Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions, policies, scholarship and loan programs, and athletic and other school-administered programs.

## **POLICY ON MARRIAGE, GENDER, AND SEXUALITY**

We believe that God wonderfully and immutably creates each person as male or female. These two distinct, complementary genders together reflect the image and nature of God. (Gen. 1:26-27.) Rejection of one's biological sex is a rejection of the image of God within that person.

We believe that the term "marriage" has only one meaning: the uniting of one man and one woman in a single, exclusive union, as delineated in Scripture. (Gen. 2:18-25.) We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other. (1 Cor 6:18; 7:2-5; Heb. 13:4.) We believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between a man and a woman.

We believe that any form of sexual immorality (including adultery, fornication, homosexual behavior, bisexual conduct, bestiality, incest, and the use of pornography) is sinful and offensive to God. (Matt. 15:18-20; Cor. 6:9-10.)

We believe that in order to preserve the function and integrity of the Coram Deo Education Association, and to provide a biblical model to the Coram Deo Education Association member and the community, it is imperative that all persons employed by the Coram Deo Education Association in any capacity, or who serve as volunteers, agree to and abide by this Statement on Marriage, Gender, and Sexuality. (Matt. 5:167; Phil 2:14-16; 1 Thess. 5:22.)

**RESPONSIBILITY OF PARENTS**

Coram Deo Academy strives to operate as a servant to the family under the assumption that the education of young people is the responsibility of parents and the immediate family rather than the responsibility of the state. Therefore, we believe it is the responsibility of parents to consider the time commitment required for each class; registering for the class indicates that your child, with your support and supervision, is agreeing to do the work assigned. An accountability system will be in place whereby the parents are informed of their student's progress at regular intervals.

In the event of parents driving students to school, it is also the responsibility of the parent to ensure that the student arrives on time for class. See also "Tardiness Policy" below.

We at Coram Deo Academy hold our students to a higher standard of behavior and decorum than is generally expected in our current society. While we do train our students and give them opportunities to practice, there will be times when they fail and require correction. **We do expect when your student needs correction we will have parents' full support and cooperation.** We strive to be kind yet firm, and always seek to bring a child to repentance and restoration quickly and lovingly. We believe that God offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ. (Acts 3:19-21; Rom. 10:9-10; 1 Cor. 6:9-11.

By enrolling my student, I understand that I am a member of the Coram Deo Academy Ministries Organization during the time of my student's enrollment.

**RESPONSIBILITY OF STUDENTS**

A student enrolled in classes at Coram Deo Academy is expected to be present and on time every day school is in session. Students are expected to fully complete all assignments given them and hand in all assignments on time. Consistent failure to do so may result in disciplinary action in addition to grade penalties.

Students are also expected to obey the rules and policies set forth in this document, by their teachers, and by the Coram Deo Academy Board. A Christian attitude of cheerfulness and respect should be maintained at all times in dealing with both staff members and other students.

**ACKNOWLEDGMENT OF ADMISSIONS POLICY SIGNATURE**

My signature below indicates I have read and agree to abide by the Coram Deo Academy policies. I understand my financial commitment and the dates payments are due, and I agree to faithfully meet my obligations to the school.

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

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





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## Medical Release Form for School Year \_\_\_\_\_

Complete one medical release form for each student you wish to enroll.

I, \_\_\_\_\_, the parent or legal guardian of  
(parent/legal guardian name)

\_\_\_\_\_, (hereafter the Student) hereby release  
(student name)

Coram Deo Academy, Quinault Baptist Church, and Grace United Reformed Church, including their respective teachers, board members, and staff, from responsibility and liability for any injury or illness the Student may sustain while on church property or during school-sanctioned field trips. In the event that the Student is injured during school activities and requires medical attention, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event that treatment is called for, which a physician or hospital refuses to administer without my consent, I hereby authorize any adult staff or volunteer of Coram Deo Academy as my agent to consent to any x-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist, as appropriate, licensed to practice under the laws of the state where services are rendered, either in a doctor's office, clinic, or hospital.

I agree to hold harmless any adult staff or volunteer of Coram Deo Academy from any and all claims, suits, costs, and actions, of any kind whatsoever, arising from the exercise of the power granted by this authorization.

\_\_\_\_\_  
Parent/Legal guardian signature

\_\_\_\_\_  
Parent/Legal guardian printed name

Health Insurance Provider: \_\_\_\_\_

Policy/Group number: \_\_\_\_\_

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