



Academy Information Packet

Dear Parent,

Central Academy at Lake Park appreciates your interest in the programs offered to area families. You will find that our highly qualified teaching staff, large classrooms, and excellent facilities help to create an environment where children are encouraged to pursue excellence in all they do. *Central Academy* works hard to create an atmosphere where academic excellence is taught and Christ-likeness is pursued.

Please find enclosed the following:

- ◆ Student Application
- ◆ Parental Commitment Form
- ◆ Recommendation Form(s)
- ◆ Testing Information

For acceptance, the following is required:

- ◆ Admissions and Testing Applications with Fees
- ◆ Parental Commitment Form
- ◆ Recommendation Form(s)
- ◆ Assessments*
- ◆ Transcript, Immunization Record & Birth Certificate
- ◆ On-campus visit**
- ◆ Students applying for Kindergarten must be 5 years old on or before September 1st

Enrollment fees are due within **2 weeks** of the date on your acceptance letter***

*As part of the admissions process, we require standardized testing for all new students applying to grades Kindergarten through High School. *Central Academy* administers assessments for the purpose of ensuring a successful educational experience for your child and planning information for his/her teacher(s).

**As the Admissions Committee prayerfully reviews your information, we look forward to meeting you. Please call the Academy to schedule your visit at 704-882-6267.

***If the required items are not received within 2 weeks, your child will be removed from our priority list and placed in a holding file. You must contact the Admissions Office to reactivate your file.

Thank you for your interest in *Central Academy at Lake Park*.



Central Academy at Lake Park

3624 Lake Park Road ♦ Indian Trail, NC 28079 ♦ 704 882 6267

High School Student Application

A check in the amount of \$50.00 must accompany this application.

For Academy Use Only

___ AID	Application Fee Paid	_____ Date	Recommendations Rec'd	_____ Date	_____
___ HMSCH	Transcripts Requested	_____ Date	Enrollment Approved	_____ Date	_____
___ IN FULL	Transcripts Received	_____ Date	Acceptance Packet Sent	_____ Date	_____
	Immunization Record	_____ Date	Enrollment Fees Paid	_____ Date	_____
	Birth Certificate	_____ Date	BB&T Form Received	_____ Date	_____
	Parental Commitment	_____ Date	Annual Field Trip Release	_____ Date	_____

Check if New Student Date of Application _____/_____/_____ For Grade _____ Date of Birth _____/_____/_____

Check if Returning Student Applying for Academic Year _____ Social Security _____-____-_____

Please Circle Male Female

STUDENT'S LAST NAME _____ **FIRST** _____ **MIDDLE** _____ **PREFERRED NAME** _____

FATHER'S INFORMATION

Father's Full Name _____ Spouse _____

Address _____

City State Zip _____ Home Phone _____

Employer _____ Job Title _____ Work Phone _____

Employer's Address _____

Cell Phone _____ Email Address _____

Paternal Grandparents (if Living) _____

Complete Mailing Address _____

Phone _____ Allowed to pick up student? _____

MOTHER'S INFORMATION

Mother's Full Name _____ Spouse _____

Address _____

City State Zip _____ Home Phone _____

Employer _____ Job Title _____ Work Phone _____

Employer's Address _____

Cell Phone _____ Email Address _____

Maternal Grandparents (if living) _____

Complete Mailing Address _____

Phone _____ Allowed to pick up student? _____

Are parents separated or divorced? How long? _____ If divorced, who has legal custody? Mother Father Joint

Does other parent have visitation rights? Are they allowed to pick-up student from school? Explain. _____

CHURCH AFFILIATION

Name of Church Family Attends _____ Denomination _____ Address _____

Pastor's Name _____ Phone Number _____ How long at this church _____ Do you attend regularly? _____

SIBLING INFORMATION Please list all siblings' (including step and half) names, ages, & school attending.

EMERGENCY INFORMATION (Please list two persons (other than parents or grandparents) we may contact in the event of an emergency)

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

PHYSICIAN ADDRESS PHONE NUMBER

DENTIST ADDRESS PHONE NUMBER

CHILD'S HEALTH INSURANCE COMPANY POLICY NUMBER PHONE NUMBER

DOES STUDENT REQUIRE DAILY MEDICATION? If yes, what and why? _____

EDUCATIONAL INFORMATION

Student's Present School Address City State Zip

Phone Number Fax Number Present Teacher Grade Date Enrolled

Has student ever skipped a grade? Yes No Explain: _____

Has student ever been suspended? Yes No Explain: _____

Has student ever been on probation? Yes No Explain: _____

Has student ever been expelled? Yes No Explain: _____

Has student ever been asked to withdraw? Yes No Explain: _____

Has student had difficulty reading or learning Yes No Explain: _____

Has student ever been tested for a learning disability? Yes No Explain: _____

Has student been enrolled in special programming? Yes No Explain: _____

(i.e., gifted, talented, learning disability, resource, etc.)

* Please include all test and evaluation results and correspondence, letters of recommendations, and any other documentation regarding student's abilities.

How did you hear about Central Academy (circle all applicable)

- Current Family
- Word of Mouth
- Day Care
- Church
- Realtor
- Charlotte Parent Magazine
- Charlotte World Newspaper
- Charlotte Christian Parent
- Charlotte Children's Choir
- Charlotte Children's Theatre
- Enquirer Journal
- Mint Hill Post
- Charlotte Observer/Union County
- Billboard
- Chamber of Commerce
- Other _____

The information provided in this application to Central Academy at Lake Park is true. I have not attempted to hide or falsify information in this document. I understand that application to Central Academy at Lake does not mean acceptance into the Academy and that this application will be reviewed by the Admissions Office for final approval. Upon acceptance, I will be contacted, in writing, by the Academy and will then complete the enrollment process.

Signature of Father Date

Signature of Mother Date



Central Academy at Lake Park

3624 Lake Park Road ♦ Indian Trail, NC 28079 ♦ 704 882 6267

Parental Commitment Form

I understand and agree to abide by the following:

The school administration will take all responsibility for academic placement.

As parents, we hereby invest authority in the faculty and administration concerning the discipline of our child as necessary. We further agree that we will support the faculty and administration in discipline at home as needed.

It is understood that *Central Academy at Lake Park* believes:

That children are a gift of God, a heritage from the Lord. We are, therefore, accountable to God for molding, shaping and preparing them for a life of service to God and others.

The ultimate purpose of life is to glorify God and attain eternal life through Jesus Christ our Lord, beginning within our own families and then reaching out to a suffering humanity that does not know of His love and sacrifice.

That family is sacred. Marriage is a permanent relationship between a man and a woman. Human life is inestimable in value at all ages from conception to the grave.

The Holy Bible is the only infallible, authoritative Word of God and is the true vantage point from which education can be viewed in proper perspective. From the Bible we learn origins, purpose of life, life's basic value system, true moral standards and the proper integration of all learning.

There is only one God, eternally existent in three persons: Father, Son, and Holy Spirit.

In the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return to power and glory.

The regeneration by the Holy Spirit is absolutely essential for the salvation of lost and sinful people.

In the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.

In the resurrection of both the saved and the lost: those that are saved unto the resurrection of life, and those that are lost unto the resurrection of damnation.

In the spiritual unity of believers in our Lord Jesus Christ.

It is understood that the faculty and administration of the school will seek to lead each student into a personal and vital relationship with Jesus Christ as Lord and Savior.

I am responsible for the timely payment of all tuition and other fees as well as any damages incurred to school property by my child. It is further understood that students will not be admitted to class unless tuition payments are current and all fees paid unless an exception is granted by the Board of Trustees. All bills must be paid before re-enrollment can be offered, report cards issued or transcripts released.

I understand and agree that my child may be used for promotional advertisements (brochures, website, video presentations, and other media) and that *Central Academy at Lake Park* is released from all liability.

Upon voluntary withdrawal from school, I am responsible for the balance on my account as of the withdrawal date.

My child has permission to take part in all school activities including field trips in the Lake Park community and athletic events.

I understand that by signing this Parental Commitment, my child(ren) and our family agrees to accept and abide by the policies and procedures stated in the Central Academy at Lake Park Parent & Student Handbook.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date



Student Questionnaire

HIGH SCHOOL

3624 Lake Park Road ♦ Indian Trail, NC 28079 ♦ 704 882 6267

Instructions: Respond to each of the following items. Please print neatly.

Check if New Student Date of Application ____/____/____ Date of Birth ____/____/____
 Check if Returning Student Applying for Grade _____ Social Security ____-____-____
 Applying for Academic Year _____ Check One: Male Female

STUDENT'S LAST NAME _____ **FIRST** _____ **MIDDLE** _____ **PREFERRED NAME** _____

SPIRITUAL INFORMATION

Name of Church you attend _____ Member: Yes No

Church address _____

I Attend:	Rarely (1-3 times a year)	Sometimes (about once a month)	Often (about every other week)	Regularly (every week)
Sunday School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATIONAL INFORMATION

1. What are your two favorite subjects in school? _____

2. Explain why you like these subjects. _____

3. Which school subject challenges you most? _____ Explain.

4. Have you ever been suspended or expelled? Yes No (If yes, please attach an explanation.)

5. In your opinion, what makes a teacher successful?

FRIENDSHIP/SIBLING INFORMATION

List the name of the brother or sister you feel closest to. (If you do not have a sister or brother, list a friend.) _____

Explain the qualities of this person that make you feel close to him or her.

PERSONAL INTERESTS

1. Outside of school, what do you spend most of your time doing? _____

2. In what ways do you think you are talented? _____

3. What types of music do you enjoy? _____

4. In your opinion, who is the best musician alive today? Why? _____

5. What is your favorite television show? _____

6. Have you ever smoked marijuana or taken a non-prescription drug? Yes No

7. Have you ever consumed an alcoholic beverage recreationally? Yes No

PERSONAL GOALS

Check which best describes your desire.

- I plan to graduate from LPCA and attend a Christian University.
- I plan to graduate from LPCA and attend a 4 year college or university.
- I plan to graduate from LPCA and attend a community college or 2-year technical/business school.
- I plan to graduate from LPCA and enlist in the military.
- I plan to graduate from LPCA and immediately seek employment.

Rank the following items in order of importance to you. 1 = most important; 12 = least important.

- | | | |
|--------------------------------|---------------------------------|------------------------------------|
| ___ Having money to buy things | ___ Finding a marriage partner | ___ Entering Christian service |
| ___ Being physically healthy | ___ Knowing God's will | ___ Getting good grades |
| ___ Reaching my goals | ___ Getting a college education | ___ Securing a high paying job |
| ___ Having good friendships | ___ Attending graduate school | ___ Playing sports through college |

WRITING SAMPLE

Please complete the attached essay telling us about the person who has influenced you most. Be sure to explain how this person has impacted your Christian experience. Please handwrite this essay in cursive.

My signature verifies that I have provided complete and honest information on this questionnaire.

Student Signature

Date



English Teacher Recommendation

Grades 9-12

Please mail completed form to:
Central Academy, 3624 Lake Park Road, Indian Trail, NC 28079

Student Name _____

Signature of Parent or Guardian _____ Date _____

This evaluation is completely confidential. The student referenced above has applied for admission to Central Academy at Lake Park. Your candid professional assessment of this student will help the Academy to better understand his/her character (emotional, intellectual, and social). Please rate this student in relation to other students you have taught in recent years. Thank you for your assistance..

I would describe this student using the following adjectives: _____

I have observed this student to have these special interests: _____

This student exhibits the following strengths: _____

This student exhibits the following weaknesses: _____

Academic

	Above Average	Average	Below Average
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work in Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work Alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applies Suggestions/Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads for Pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social

	Usually	Sometimes	Rarely
Supportive of Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates in Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates at Play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socially Comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays Self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent Information:

Cooperation with faculty/administration:

rarely sometimes usually always

Involvement in child's education:

none minimal appropriate overly involved

Name _____ Phone _____

Name of School _____

Position _____

Signature _____ Date _____



Math Teacher Recommendation

Grades 9-12

Please mail completed form to:
Central Academy, 3624 Lake Park Road, Indian Trail, NC 28079

Student Name _____

Signature of Parent or Guardian _____ Date _____

This evaluation is completely confidential. The student referenced above has applied for admission to Central Academy at Lake Park. Your candid professional assessment of this student will help the Academy to better understand his/her character (emotional, intellectual, and social). Please rate this student in relation to other students you have taught in recent years. Thank you for your assistance.

I would describe this student using the following adjectives: _____

I have observed this student to have these special interests: _____

This student exhibits the following strengths: _____

This student exhibits the following weaknesses: _____

Academic

	Above Average	Average	Below Average
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Facts/Computation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Concepts Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work in Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work Alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applies Suggestions/Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads for Pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social

	Usually	Sometimes	Rarely
Supportive of Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates in Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates at Play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socially Comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays Self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent Information:

Cooperation with faculty/administration:

rarely sometimes usually always

Involvement in child's education:

none minimal appropriate overly involved

Name _____ Phone _____

Name of School _____

Position _____



Pastoral Recommendation

Middle and High School Only

This form is a PASTORAL RECOMMENDATION for the student referenced below. It may be completed by a pastor, youth pastor or non-family member who can speak to the applicant's spiritual character. Your acquaintance with him/her gives insight that will assist us in our decision to offer acceptance to Central Academy at Lake Park. This recommendation is completely confidential.. Thank you for your assistance..

Student Name _____

Signature of Parent or Guardian _____ Date _____

Character

	<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Rarely</u>
Exhibits honesty/integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respected by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithful to a task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committed to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has strong work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achieves academically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits physical stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows respect to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other

Comments : _____

Please mail completed form to: Central Academy, 3624 Lake Park Road, Indian Trail, NC 28079

Name _____ Phone _____

Church _____ Address _____

Signature _____ Date _____



Adult Recommendation

Middle and High School Only

**Please mail completed form to:
Central Academy, 3624 Lake Park Road, Indian Trail, NC 28079**

This form is an ADULT RECOMMENDATION for the student referenced below. It should be completed by a non-family member who knows the student very well. Your acquaintance with him/her gives insight that will assist us in our decision to offer acceptance to Lake Park Christian Academy. This recommendation is completely confidential. Thank you for your assistance.

Student Name _____

Signature of Parent or Guardian _____ Date _____

Character

	<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Rarely</u>
Exhibits honesty/integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respected by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithful to a task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committed to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has strong work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achieves academically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits physical stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows respect to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other
Comments : _____

Name _____ Phone _____

Address _____

Position/Occupation _____

Relationship to Applicant _____

Signature _____ Date _____

Central Academy at Lake Park
Admissions Testing Registration

Please complete and return the enclosed Information for Testing form and attach a check for \$125 per child.

Checks should be made payable to *Central Academy at Lake Park*. This covers the cost of services by an examiner, scoring of the test, the test, and Social Skills Forms. Upon receipt of the application fee, the testing fee, and this form, we will contact you by phone to schedule testing.

Please print clearly.

I. Child Name: _____ Current Grade Level: _____

Parent Name: _____

Address: _____

Phone numbers: Home: _____ Cell: _____

Has your child been diagnosed with a learning disability? _____

If yes, please explain: _____

Does he/she have an IEP? _____

Has your child taken the Stanford Achievement Test within the past 6 months? _____ If yes, please provide a copy of the results to us.

II. You will also receive Social Skills Rating Forms as part of the admissions testing process. Depending on the grade of your child, you will receive a parent, a teacher, and a student form. Please note that if your child takes the Stanford Achievement Test at his/her current school, we will still need to have the Social Skills Rating Forms completed as part of the admissions process. The fee for these Social Skills Forms is \$25. Please attach a check for that amount to this form and note above that the Stanford Achievement Test has been completed.

Reschedule/Cancellation Policy

Reschedule/Cancellation: Forty-eight (48) hours notice is required to reschedule or cancel a testing appointment without incurring a fee. To reschedule or cancel an appointment, a parent should call the Academy and leave a message for Sherry Watts.

Rescheduling fee: Without 48 hours notice, a \$35 fee must be paid in cash before another appointment will be scheduled.

Refund Policy: The testing fee will be fully refunded with 48 hours notice of appointment cancellation.

I have read and understand the *Central Academy* procedures for testing and rescheduling/canceling scheduled appointments. I understand that I will be contacted to schedule an appointment for my child.

Parent's Signature

Date

For Office Use only

Payment rec'd/date: _____ Check # /cash: _____ Amt: \$ _____ Date contacted parent to schedule testing: _____

Date testing scheduled: _____ Date test preview/prep guide sent: _____

Other information: _____