

Cocoa Adventist Christian School
1500 Cox Road
Cocoa, FL 32926
321-636-2551

2024-2045

Admissions Application

1. Student Information

Last: _____, First: _____ Middle: _____

Preferred Name: (If different from above): _____ Gender: Male Female

Date of Birth: ____/____/____

Grade applying for: _____ Child's Age: _____ Current/Previous School _____

Please select student's ethnic background:

African American Asian Caucasian Latino Native American Other

2. Address where child resides:

Address _____

City: _____ State: _____ Zip: _____

Home/Cell Number if applicable _____

3. Family Information

Father Name: _____ **Marital Status:** _____ **Occupation:** _____

Select One: Natural Parent Step-parent

Home Number _____ Cell Phone _____ Email: _____

Mother Name: _____ **Marital Status:** _____ **Occupation:** _____

Select One: Natural Parent Step-parent

Home Number _____ Cell Phone _____ Email: _____

Who has legal custody of this student? Please select all that apply.

Both Parents Father Mother Guardian 1 Guardian 2

Guardian 1 Name: _____ Marital Status _____

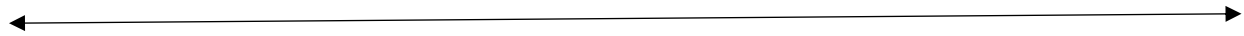
Home Number _____ Cell Phone _____ Email: _____

If related to student, please specify: _____

Guardian 2 Name: _____ Marital Status _____

Home Number _____ Cell Phone _____ Email: _____

If related to student, please specify: _____



4. Please List the name of each person that is authorized to view the academic record of this student:

5. Are all fees/charges paid to date to current/previous schools? ___ Yes ___ No

6. Educational History

List your child's academic abilities/interests.

List your child's nonacademic skills, interests and talents.

Has your child ever been dismissed, suspended or disciplined at any school? ___ Yes ___ No

If yes, please provide name of school and a brief explanation: _____



Has your child ever been asked to withdraw from any school? _____ Yes _____ No

If yes, please provide a brief explanation: _____

Has your child ever been diagnosed, or enrolled in any ESE (Special Education Program) or had a medical 504 plan or an IEP (Individualized Education Program?) _____ Yes _____ No

If YES, please specify and discuss the results in the space below. (It would be helpful to also have a copy of the report)

7. Educational Goals

What specific goals do you envision for Cocoa Adventist Christian School as a whole, to ensure spiritual, academic, and social success?

What specific educational and spiritual and social goals do hope to see achieved for your child during their time at Cocoa Adventist Christian School?

8. Religious Background

Father/Guardian 1 What is your religious affiliation or denomination? _____

Mother/Guardian 2 What is your religious affiliation or denomination? _____

What is your child's religious affiliation or denomination? _____

Is your child baptized in the Seventh day Adventist church? ____ Yes ____ No

9. How did you hear about Cocoa Adventist Christian School?

____ Instagram

____ Facebook

____ Website

____ Yelp

____ Google Maps

____ Other

10. Questions or Comments
