



Canyonville Christian Academy

Greetings from beautiful Oregon!

Thank you for considering Canyonville Christian Academy. Enclosed is information regarding our school. If you would like additional information, please call (541) 839-4401. We invite you to visit our web page at **www.canyonville.net** where you can find further information about the CCA experience.

The school was founded in 1924, and is one of the oldest Christian boarding high schools in the western United States. Our beautiful 14-building campus includes a gymnasium, science lab, three dormitories, auditorium, dining hall, computer lab, chapel, and tennis courts. Dozens of towering redwood trees dot the campus, and a picturesque mountain stream runs through the middle.

It is located in Canyonville, Oregon, a small historic town nestled in the Cascade Mountains of Southern Oregon. We are halfway between the Pacific Ocean and Crater Lake National Park, near the California border.

We offer day classes for the local communities, with grades 9 through 12, as well as our boarding facilities for grades 9 through 12. We offer a Standard Track for graduation, as well as a College Preparatory Track, which includes Advanced Placement courses and Honors Mathematics and Science Classes. Our ESL curriculum is quite extensive.

A strong emphasis is placed on developing character and enhancing life skills by our dedicated Christian Faculty. CCA graduates have gone on to Stanford, Oxford, and more than 100 major universities around the world. Alumni include the Provosts of Biola University, Alaska University, and the President of Northwest College.

You are welcome to visit our campus at any time. Please call ahead to arrange a tour with one of our friendly staff. May God bless you as you make your decision about attending Canyonville Christian Academy.

Sincerely,

Ed Lovato
Admissions Director

Canyonville Christian Academy



Aug. 27 - 28.....	Students Arrive
Aug. 28.....	Parent Orientation
Aug.29.....	Student Orientation/Registration
Aug.30	Classes Begin
Oct. 28	First Quarter Ends
Nov. 22 (<i>noon</i>) – 27	Thanksgiving Break (<i>Dormitories close at 9 PM 11/22 and reopen on 11/27</i>)
Nov.28	Classes Resume
Dec. 17 (<i>after school</i>) – Jan. 3.....	Christmas Break (<i>Dormitories close at 10 AM on 12/18 and reopen on 1/3/2009</i>)
Jan. 4	Classes Resume
Jan. 16 - 19	Semester Finals
Jan. 20	1 st Semester Ends
March 17	3 rd Quarter Ends
March 17 (<i>after school</i>) - March 25.....	Spring Break (<i>Dormitories close at 10 AM on 3/18 and reopen on 3/25/2009</i>)
March 26.....	Classes Resume
May 20.....	Baccalaureate
May 21 – 24	Final Exams
May 25	2 nd Semester Ends
May 26, 10:00 a.m.	Graduation (<i>Dormitories close at 8 PM on 5/26</i>)

Canyonville Christian Academy

Founded 1924

2011-2012 DAY STUDENTS – HIGH SCHOOL

APPLICATION FEE: All students.....\$100.00

TUITION FEE \$4,600.00

HIGH SCHOOL – DAY STUDENTS

Cost For Year.....\$4,600.00

Monthly Payment Plan – 9 Months @ \$514.50 Per Month
(Includes \$3.50 per mo. Service Charge)

Fee includes:

- All Textbooks, Class Fees & Sports Fees
- School Activities
- Cultural Trips
- Basic School & Sports Picture Packages
- Yearbook & Video Yearbook
- Standard Achievement Testing
- 24 Hr. Accident insurance

Fee does NOT include:

- Transportation to & from airports, bus stations or train stations
- Student Health/Medical Insurance
- Additional School & Sports Picture Packages
- Graduation Announcements & Senior Pictures
- Ski rentals, lift tickets, paintball equipment rentals & special activities
- Library Fines

-
1. Parents with 2 students will receive 35% discount for the 2nd day student.
 2. A 50% discount is given for all additional day students (after 2) in the same family.
 3. Children of active pastors or missionaries will receive a 25% discount.
 4. Only one discount will be applied.
 5. Limited financial aid is available for students with acceptable level of conduct and performance and based upon need. Financial aid applications are available upon request. Financial aid is awarded beginning the first week of August.
 6. Tuition payments are due on or before the 10th of each month. A \$15.00 late fee will be assessed unless prior arrangements have been made.
 7. Delinquent accounts may result in the suspension of the student(s) until the account is current.

Canyonville Christian Academy

Please attach a recent photograph

APPLICATION FOR ADMISSION

Year of Interest:	200___ / 200___
Grade applying to:	___9 ___10 ___11 ___12
Applying as:	___Boarding ___Day

Student Information:

Name	Middle	Last
Preferred to be called by:		___Male ___Female

Mailing Address:

Street			
City	State	Zip Code	Country
Home			
Email			

Telephone:

Place of Birth and Birthdate:

City	State	Country
Month / Day / Year	Age	Social Security Number
Country of Citizenship	Religious Preference:	

Last School Attended & Address:

Name			
City	State	Zip Code	Country
Grade:			
Guidance Counselor:		Telephone and Fax:	

P.O. Box 1100 Canyonville OR 97417
 (541) 839-4401 Fax 541-839-6228 cca@canyonville.net

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Family Information

	FATHER	MOTHER
Full Name:		
Mailing Address:		
City, State, Zip		
Home Telephone:		
Fax Number:		
Email:		
Employer:		
Business Telephone:		
Citizenship:		

If parents are separated or divorced:	
to whom should correspondence be directed?	
Who has legal custody?	
With whom does applicant live?	

Names of Brothers / Sisters:	Current Grade / Age:

International Students

Please provide name, address, and telephone number of a contact person in the United States, *if possible*.

First Name	Last Name	Relationship
Street		
City	State	Zip Code
Home Phone	Fax	Country
Email		

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Student Questionnaire

Applicant: Please complete the following questions.
If there is not sufficient space to answer a question, please attach a separate sheet.

Academic Information

Which subjects are of greatest interest to you?

On average, how many hours a day do you study: In school: _____ At home: _____

How would your teachers describe you as a student?

In what subjects do you excel? Struggle?

Extracurricular Activity Information

1. List your extracurricular activities (athletics, awards, community involvement, hobbies, positions of leadership, special interests).

Of all your activities, which is most important to you and why?

Are you a Christian? Yes No Are you willing to learn about the Christian faith? Yes No

Do you attend church? Regularly Occasionally Not at all

Church _____

Address _____

Christian Groups or Activities _____

What are your devotional habits? _____

5. Is it your desire to attend CCA? Yes No If not, what are your reasons for applying?

6. What are your goals after High School?

(Boarding Students Only) Describe the type roommate you would like to have at Canyonville Christian Academy.

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Request for Release of School Records

To:

Name of student _____ Grade _____

I authorize the release of my child's transcript, test scores and any related records, reports and evaluations, and request that they be sent to the Office of Admission at Canyonville Christian Academy. I also ask that you release updated transcripts and test scores to Canyonville Christian Academy as they may be requested.

Parent or Guardian's Signature _____ Date _____



Canyonville Christian Academy

Office of Admission
P.O. Box 1100
Canyonville, OR 97417

541.839.4401
1.888.CCA.6379
Fax 541.839.6228
Email:cca@canyonville.net

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Canyonville Christian Academy

Parent Agreement and Permissions

WE GIVE our permission for our child to take part in school activities, including sports and school sponsored trips away from the school premises, and absolve the school from all liability if injury should occur.

WE AUTHORIZE the school to use personal identifiable information (i.e. name and photograph...) in sports event schedules and souvenir programs sponsored by OSAA or Canyonville Christian Academy.

WE AGREE to abide by the school's disciplinary policy. If our child does not comply with the standards of the school, we agree to withdraw him or her from enrollment.

WE RECOGNIZE the school reserves the right to dismiss any student who does not respect the school's spiritual standards, behavioral standards or cooperate in the educational process.

WE HEREBY AUTHORIZE the school to use such discipline, as it considers just and necessary for the good of our child, including suspensions.

WE HEREBY AGREE with the tuition payment policy and we understand that the monthly tuition payment is due on the 10th, and that a late fee will be added if not paid promptly.

WE PLEDGE our cooperation in prompt tuition payments, practical help, and faithful prayer.

WE AGREE to have our child taught by using the above policies, and to give encouragement to them as they seek to implement these in their personal experience. Inasmuch as Canyonville Christian Academy is interdenominational, it may be that some of the views of the school may differ from ours. I agree to support the teachings of the school and to cheerfully support the rules and authority in the spirit of Christ (Hebrews 13:17).

MY CHILD HAS PERMISSION TO RIDE IN VEHICLES DRIVEN BY:

- ADULTS** who are associated with, and are approved by, the Academy for school and non-school sponsored activities.
- ACADEMY STUDENTS**, who are fully qualified to drive, have given proof of proper insurance, and who have their vehicles legally on campus.

BOTH SIGNATURES REQUIRED

(Father's Signature)

(Mother's Signature)

(Date)

PARENT'S SIGNED CONSENT FOR EMERGENCY MEDICAL CARE

We, the undersigned parents of _____ a minor, do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, or any hospital service, that may be rendered to said minor while he is a student at CANYONVILLE CHRISTIAN ACADEMY.

It is understood that this consent is given in advance of any specific diagnosis or treatment. It is given to encourage CANYONVILLE CHRISTIAN ACADEMY and the attending physician to exercise their best judgment concerning diagnosis and treatment.

The consent shall remain effective as long as he/she is a student at CCA unless revoked in writing and delivered to attending physician or other person entrusted with the custody of said minor.

STUDENT'S: Birth Date _____ Birthplace _____ S.S.# _____

FATHER'S: Home Phone _____ Work Phone _____ Driver's License # _____

MOTHER'S: Home Phone _____ Work Phone _____ Driver's License # _____

EMERGENCY CONTACT PERSON: _____ PHONE _____

PRIMARY CARE PHYSICIAN: _____ PHONE _____

YES, I HAVE HEALTH INSURANCE COVERAGE.

INSURANCE CO. NAME _____ PHONE _____

ADDRESS _____

GROUP # _____ POLICY # _____ SUBSCRIBER NAME _____

I DO NOT HAVE HEALTH INSURANCE COVERAGE. I will purchase through CCA.
(CCA will charge an additional fee of \$500 for International Students and \$615 for Domestic Students)

Canyonville Christian Academy requires that all students have HEALTH INSURANCE coverage. Student must show proof of insurance before acceptance at CCA.

Has your child had:

Past concussion	Yes _____ No _____ Yr. _____	Kidney disease	Yes _____ No _____ Yr. _____
Past skull fracture	Yes _____ No _____ Yr. _____	Fainting spells	Yes _____ No _____ Yr. _____
Neck injury	Yes _____ No _____ Yr. _____	Allergies	Yes _____ No _____ Yr. _____
Hearing problems	Yes _____ No _____ Yr. _____	Asthma	Yes _____ No _____ Yr. _____
Frequent ear infections	Yes _____ No _____ Yr. _____	Current medication	Yes _____ No _____ Yr. _____
Pneumonia	Yes _____ No _____ Yr. _____	Hernia	Yes _____ No _____ Yr. _____
Diabetes	Yes _____ No _____ Yr. _____	Heart trouble	Yes _____ No _____ Yr. _____
Epilepsy/seizures	Yes _____ No _____ Yr. _____	Corrective lenses	Yes _____ No _____ Yr. _____
History of muscle/bone disease	Yes _____ No _____ Yr. _____	Hepatitis	Yes _____ No _____ Yr. _____
Tuberculosis	Yes _____ No _____ Yr. _____	Mental disorders	Yes _____ No _____ Yr. _____
Bulimia / Anorexia	Yes _____ No _____ Yr. _____	Last tetanus shot	Date _____

Parents please comment on 'Yes'

Father/Guardian _____ S.S.# _____ Date _____

(Signature)

Mother/Guardian _____ S.S.# _____ Date _____

(Signature)

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P.O. Box 1100, Canyonville OR 97417 www.canyonville.net

Teacher Recommendation (Current Academic Teacher)

Student Name _____ Date _____

Teacher: Please complete **Part I and Part II** as well as the recommendation portion.

This student is applying for admission to Canyonville Christian Academy, a boarding high school for grades 9 – 12. Thank you in advance for your evaluation. This is confidential information.

Part I

ACADEMIC QUALITIES

	Excellent	Good	Fair	Poor
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL QUALITIES

	Excellent	Good	Fair	Poor
Classroom Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Act Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on Academic / Personal Qualities: _____

Part II

During what school year(s) did you teach or supervise the applicant? _____

In what subjects and/or activities have you taught or supervised the applicant? _____

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Please comment about any of the applicant's noteworthy interests, talents, and or abilities.

In your professional opinion, does the applicant have any identified learning disabilities or challenges? If Yes, please explain. _____

Has the applicant's family been cooperative in supporting your classroom policies and procedures? If No, please explain. _____

Recommendation for Canyonville Christian Academy

Please provide your **overall recommendation** as to this applicant's qualifications for admission to Canyonville Christian Academy.

- Highly Recommend
- Recommend
- Hesitate to Recommend
- Do not Recommend

Additional comments: _____

TEACHER'S NAME: _____ **Title:** _____

TEACHER'S SIGNATURE: _____ **Date:** _____

SCHOOL'S NAME: _____ **Contact #:** _____

Your judgments are used solely for the admission process, are held in strictest **confidence**, and are not part of a student's permanent record. Although we are unable to acknowledge this recommendation individually, we thank you in advance for the help your comments will provide. Please feel free to call us if there is any additional information you wish to discuss.

PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT. FAX OR MAIL DIRECTLY TO:

**Admissions Office
Canyonville Christian Academy
P.O. Box 1100, Canyonville, OR 97417
FAX (541) 839-6228**

Thank you for completing this Personal Reference Form.

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P.O. Box 1100, Canyonville OR 97417 www.canyonville.net

Personal Reference Form

TO BE COMPLETED BY A NON-FAMILY MEMBER or PASTOR

Student Name _____ Date _____

Address _____ Zip _____

I have applied for admission to Canyonville Christian Academy, a Christian boarding high school. Would you please complete this reference form, or write a reference letter for me, to help in the admission process? The information you give will be kept in strict confidence. Please mail or fax this letter directly to the Academy. I understand that this evaluation form is to be completed by non-family members. Thank you for your honest opinion.

Please mark your evaluation in the proper space.

	EXCELLENT	GOOD	AVERAGE	POOR	NOT KNOWN
Christian Commitment	_____	_____	_____	_____	_____
Moral Character	_____	_____	_____	_____	_____
Academic Ability	_____	_____	_____	_____	_____
Academic Achievement	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____
Respect for Authority	_____	_____	_____	_____	_____
Social Maturity	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____

(You may use the back of this form to explain any item if you wish.)

How long have you known the applicant? _____ In what capacity? _____

Would you recommend this person without reservation for admission to Canyonville Christian Academy?

Yes No Doubtful (If no or doubtful, please explain on back of this form.)

Name _____ Phone _____

Address _____ State _____ Zip _____

Signature _____ Date _____

Your judgments are used solely for the admission process and are held in strictest **confidence**.

PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT. FAX OR MAIL DIRECTLY TO:

**Admissions Office
Canyonville Christian Academy
P.O. Box 1100
Canyonville, OR 97417 FAX (541) 839-6228**

Thank you for completing this Personal Reference Form.

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LIABILITY WAIVER FOR USE OF CELL PHONE

We, the parents/guardians of _____, do hereby grant permission for our child to use his/her cell phone while at Canyonville Christian Academy.

We have read all of the accompanying guidelines and agree to abide by them. We also hereby release Canyonville Christian Academy from any liability of excesses in phone charges which may occur, and we realize that this falls solely under our responsibility.

Parent/Guardian Signature

Date

CELLPHONE GUIDELINES

-
- The use of cell phones will be limited to after-school hours. On weekdays, your child will be able to obtain their cell phone from the dean at 3:30 PM and will need to return their cell phone to the dean by 9:45 PM. This will allow cell phones to recharge and will ensure that bedtimes are still being respected.
 - On weekends, your child will be able to have their cell phone during the day, but he/she will need to turn their cell phone in at 10:00 PM
 - Cell phones will not be allowed during church services or meetings. If your child's cell phone rings during those times, it will be taken away.
 - Under no circumstances will a student be allowed to loan their phone to another student.
 - All phones, batteries and chargers will be engraved by the school to avoid problems of theft or of confusion between student's identical property.

We will monitor your child as closely as possible with their cell phone. However, we cannot monitor every conversation, or the amount of minutes being used, so please use discretion when authorizing your child to have a cell phone. If you desire for your child to be able to use a cell phone while at CCA, please sign this waiver and send it back to our office. We must have this on file before your child will be allowed to use their cell phone.

PO Box 1100 ♦ Canyonville, OR 97417 ♦ Phone: 541-839-4401 Fax: 541-839-6228 ♦
cca@canyonville.net ♦ www.canyonville.net
Accredited by NAAS, Member of ACSI

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Application Check List

Please ensure that the following are included with your application:

- ___ (1) Registration Fee of \$100.00
- ___ (1) Refundable Room Deposit of \$250 (Boarding Students)
- ___ (1) Student Application form completed and signed.**
- ___ (1) Student Essay**
- ___ (1) Medical Release Form **signed by parents**
- ___ (1) Signed Parent Agreement & Permissions Page
- ___ (1) Copy of Immunization Records.**
- ___ (1) Copy of last semester's report card.**
- ___ (1) Complete High School (grades 9-12) Transcript (International Students)**
- ___ (1) Photo**
- ___ (2) Personal references from teacher, pastor, or non-family member (form or letter)**
- ___ (1) Copy of Insurance card front and back *or check appropriate box on next page.*
- ___ (1) Application Checklist & School Policy Page completed and signed.**
- ___ **I am sending in all pages marked "Return to CCA" including signatures.**

** - not required for returning students.

Incomplete applications may delay the process of admission.

Admission Policy

1. Each student must have a genuine desire to attend Canyonville Christian Academy.
2. Each student must be in good standing academically and behaviorally at previous school.
3. Each family is expected to be in harmony with and supportive of the school.
4. All families must submit a completed application packet with registration fee.
5. All new students are to provide a copy of their most recent achievement test scores and report card. An entrance exam may also be required for academic screening and placement purposes.
6. Applications are required for all new and returning students.
7. **IMPORTANT:** Each student **MUST** have health insurance purchased independently or through the school program. (see next page)

Background Information

If the answer to any of the following questions is "yes", please provide details and more information on a separate sheet of paper.

Has the applicant ever been expelled or suspended from school? ___Yes ___No

Has the applicant had any involvement with legal authorities (other than minor traffic violations)? ___Yes ___No

In making this application, I subscribe to the principles and regulations of Canyonville Christian Academy. I also realize that the financial obligation is for the year, and that there shall be no remission on the charge if the student is withdrawn or dismissed. It is my belief that all information which will assist in the successful development of my students at Canyonville Christian Academy has been included in or with this application. I understand that failure to disclose any pertinent information regarding the questions above could result in denial of admission or dismissal. The Academy may contact any individual listed in this application for additional information. *Pledge: If accepted into the student body of CCA, I will attend services, programs, and other activities as directed. I will work up to my ability and I will be taught, corrected, and guided. I will strive to maintain good Christian character and attitude, and I will be cooperative. I will abide by the rules set down by this institution and the decisions of the administration and staff.*

Signature of Parent/Guardian _____ Student Signature _____

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