

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, four 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

2016-2017 School Calendar

Sept. 3 - 4	Students Arrive
(Dormitories do not open until 9/03/	(2016)
Sept.4	
Sept.5Stuc	
Sept. 6	Classes Begin
Nov. 4	
Nov.22(noon)-Nov.27	
(Dormitories close at 9 PM 11/22/201	l6 and reopen on 11/27/2016)
Nov.28	Classes Resume
Dec. 21 (after school) — Jan. 8	
(Dormitories close at 10 AM on 12/2)	1/2016 and reopen on 1/8/2016)
Jan. 9	Classes Resume
Jan. 23 - 26	Semester Finals
Jan. 27	1 st Semester Ends
March 24	3 rd Quarter Ends
March 24 (after school) - April 2	Spring Break
(Dormitories close at 10 AM on 3/24/	2017 and reopen on 4/2/2017)
April 3	Classes Resume
May 28	
May 29 – June 1	
June 2	2 nd Semester Ends
June 3, 10:00 a.m	
(Dormitories close at 10 AM on 6/3/2	017)



2016-2017 DAY STUDENTS - HIGH SCHOOL

APPLICATION FEE: All students

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

^{1.} Parents with 2 students will receive 35% discount for the 2nd day student.

A 50% discount is given for all additional day students (after 2) in the same family.
 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.

APPLICATION FOR ADMISSION

200___/ 200___

Year of Interest:

Please attach a
recent
photograph

Grade applying to:	9101112				
Applying as:	Day				
Student Information:	Name	Middle		Last	
	Preferred to be called by:			MaleFema	ale
Mailing Address:	Street				
	City	State	Zip Code	Country	
Telephone:	Home				
Place of Birth	City	State		Country	
and Birthdate:	Month / Day / Year	Age		Social Security Nur	mber
on tridute.	Country of Citizenship	Reli	gious Preference:		
Last School	Name				
Attended & Address:	City	State	Zip Code	Country	
	Grade:				
	Guidance Counselor:		Telepho	one and Fax:	

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

✓ Return to CCA

Family Information

	FATHE	R	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 corresp	ondence be directed?		
Who has legal custody?			
With whom does applica	int live?		
Names of Brothers / Sisters	s:	Curren	t Grade / Age:
Please provide name, addr		onal Students per of a contact pe	erson in the United States, <i>if possible.</i>
First Name		Last Name	Relationship
Street			
City	State	Zip Code	Country
Home Phone	Fax		
Email			

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?YesNo Are you willing to learn about the Christian faith?YesNo
Do you attend church?RegularlyOccasionallyNot at all
Church
Address Christian Groups or Activities
What are your devotional habits?
5. Is it your desire to attend CCA?YesNo 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.

Willell resources did you use to learn about can	iyonvine omistian Academy:
Friend / relative who attended CCA	Educational Consultant or Agent
Current CCA Student or Parent	School Counselor
Boarding School / Directory Guide	CCA Website
Other (Please list)	
Applicant's Personal Essay	
In this section, you can help us become acquainted scores. Write an essay including, but not limited to, activities, honors received, organizations involved in talents, family and your faith.	the following items: goals in school, sports /

Request for Release of School Records

Го:	
Name of student	Grade
authorize the release of my child's transcripteports and evaluations, and request that they Canyonville Christian Academy. I also ask the sest scores to Canyonville Christian Academy a	y be sent to the Office of Admission a at you release updated transcripts and



Eanyonville 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 Date

Parent or Guardian's Signature_

Canyonville Christian Academy Parent Agreement and Permissions

WE GIVE our permission for our child to participate in potentially hazardous activities such as, but not limited to, using motorized yard equipment, swimming, rafting and horseback riding.

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 associa and non-school sponsored a	ted with, and are approved by, the A ctivities.	cademy for school
	who are fully qualified to drive, have their vehicles legally on campus.	•
BOTH SIGNATURES REQU	IRED	
(Father's Signature)	(Mother's Signature)	 (Date)

PARENT'S SIGNED CONSENT FOR EMERGENCY MEDICAL CARE

We, the undersigned parents any X-ray examination, and may be rendered to said minute is understood that this content encourage CANYONVILLE judgment concerning diagnoon. The consent shall remain edelivered to attending physical	sthetic, medical or nor while he is a stu- nsent is given in a CHRISTIAN ACA sis and treatment.	dvance of DEMY and	NYONVILLE CHI any specific diag d the attending a student at CO	nent, or any RISTIAN ACA gnosis or trea physician to CA unless re	ADEMY. atment. It is exercise the evoked in write	rice, that given to leir best
STUDENT'S:Birth Date	Birthplace _			S.S.#		
FATHER'S:Home Phone						
MOTHER'S: Home Phone	W	ork Phone		Driver's Lice	ense #	
EMERGENCY CONTACT PERSON:						
PRIMARY CARE PHYSICIAN:						
YES, I HAVE HEALTH						
INSURANCE CO. NAME			PHO	ONE		
ADDRESS				JIVL		
GROUP #				DIRED NAME		
(CCA will charge an ad Canyonville Christian A coverage. Student must	Academy requi	res that	all students	have HEA	LTH INSU	•
coverage. Otudent must	SHOW PICCI OF	<u> </u>	before accept	ance at oc	<u> </u>	
Has your child had: Past concussion Past skull fracture Neck injury Hearing problems Frequent ear infections Pneumonia Diabetes Epilepsy/seizures History of muscle/bone disease Tuberculosis Bulimia / Anorexia Parents please comment on 'Ye	Yes No Yes No Yes No Yes No	Yr	Fainting spells Y Allergies Y Asthma Y Current medication Y Hernia Y Heart trouble Y Corrective lenses Y Hepatitis Y	es No es No es No es No es No	Yr	
Father/Guardian Mother/Guardian	(Signature)					
	(Signature)					

Canyonville Christian Academy
P.O. Box 1100, Canyonville OR 97417 www.canyonville.net
Teacher Recommendation (Current <u>Academic</u> Teacher)

tudent NameDate				
Teacher: Please complete Part I and Part II as we	II as the recom	mendatio	n portio	٦.
This student is applying for admission to Canyonvill for grades 9 – 12. Thank you in advance for your ex				
Part I				
ACADEMIC QUALITIES	Excellent	Good	Fair	Poor
Study Habits				
Attention Span				
Ability to Work Independently				
Motivation and Drive				
Intellectual Aptitude				
PERSONAL QUALITIES	Excellent	Good	Fair	Poor
Classroom Conduct				
Leadership Potential				
Reaction to Criticism				
Concern for Others				
Personal Integrity				
Ability to Act Independently				
Overall Behavior				
Comments on Academic / Personal Qualities:				
<u>Part II</u> During what school year(s) did you teach or supervis	se the applican	t?		

Please comment about any of the applicant's noteworthy interests, talents, and or abilities.					
•	ne applicant have any identified learning disabilities or				
	perative in supporting your classroom policies and				
	n for Canyonville Christian Academy mendation as to this applicant's qualifications for admission				
Highly Recommend					
Recommend					
Hesitate to Recommend					
Do not Recommend					
Additional comments:					
TEACHER'S NAME:	Title:				
	Title: Date:				

Your judgments are used solely for the admission process, are held in strictest **confidence**, and <u>are not</u> 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.

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

TO BE COMPLETED BY A NON-FAMILY MEMBER OF PASTOR

Student Name			Date					
Address			Zip					
I have applied for ac Would you please c admission process? this letter directly to non-family members	omplete this refe The information the Academy.	erence form, on you give will I understand t	r write a referenc be kept in strict co hat this evaluation	e letter for me, onfidence. Plea	to help in the ase mail or fax			
Please mark your eval	uation in the prope	er space.						
	EXCELLENT	GOOD	AVERAGE	POOR	NOT KNOWN			
Christian Commitment								
Moral Character								
Academic Ability								
Academic Achievemen	nt							
Initiative								
Cooperation								
Respect for Authority								
Social Maturity								
Personal Appearance								
Health								
(You may use the back	of this form to ex	plain any item if	you wish.)					
How long have you know	own the applicant?	? In w	hat capacity?					
Would you recommend	d this person witho	ut reservation fo	or admission to Can	yonville Christiar	Academy?			
□ Yes	□ No □ Do	oubtful (If no	or doubtful, please	explain on back	of this form.)			
Name				Phone				
Address				StateZip)			
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



Founded 1924

Application Check List

Please ensure that the following are included with your application:

(1) Medical Release Form signed by parents

(1) Refundable Room Deposit of \$250 (Boarding Students) (1) Student Application form completed and signed.**

(1) Registration Fee of \$100.00

(1) Student Essay**

	(1) Signed Parent Agreement & Permissions Pa (1) Copy of Immunization Records.** (1) Copy of last semester's report card.** (1) Complete High School (grades 9-12) Transc (1) Photo** (2) Personal references from teacher, pastor, or (1) Copy of Insurance card front and back or che (1) Application Checklist & School Policy Page of	ript (International Students)** non-family member (form or letter)** eck appropriate box on next page.
	I am sending in all pages marked "Return to required for returning students.	CCA" including signatures.
	olete applications may delay the process of admis	sion.
	Admission Poli	<u>cy</u>
3. 4. 5.	Each student must have a genuine desire to atte Each student must be in good standing academ Each family is expected to be in harmony with a All families must submit a completed application All new students are to provide a copy of their management purposes. Applications are required for all new and returning IMPORTANT: Each student MUST have health through the school program. (see next page)	ically and behaviorally at previous school. Indisupportive of the school. In packet with registration fee. In packet with registration fee.
	Background Inform	nation
If the answer to any paper.	of the following questions is "yes", please provide	e details and more information on a separate sheet of
Has the applicant ev	ver been expelled or suspended from school?	YesNo
Has the applicant ha	ad any involvement with legal authorities (other th	nan minor traffic violations)?YesNo
that the financial ob dismissed. It is my Christian Academy information regardir individual listed in th attend services, pro guided. I will strive	ligation is for the year, and that there shall be no belief that all information which will assist in the shas been included in or with this application. I urng the questions above could result in denial of achis application for additional information. Pledge agrams, and other activities as directed. I will wor	dmission or dismissal. The Academy may contact any : If accepted into the student body of CCA, I will k up to my ability and I will be taught, corrected, and and I will be cooperative. I will abide by the rules set
Signature of Parent	/Guardian	Student Signature