



CATHEDRAL CHRISTIAN ACADEMY

Registration for 2024 – 2025 Academic Year

Registration for the 2024 – 2025 school year will be held from March 1 – March 31. This registration information must be completed if you are returning your child to Cathedral Christian Academy for the 2024– 2025 school year. Please sign the tuition agreement form and attach \$150 per student to reserve your child’s place in class. All returning students who register after April 1 must pay an additional \$100 late registration fee per student.

We are offering a referral program for recruitment of new families enrolling for the 2024 – 2025 school year. With this new referral program you will receive \$100 tuition credit for every family you refer to Cathedral Christian Academy that is accepted and enrolled to start the 2024 – 2025 school year. You will receive your tuition credit the month in which the new family pays their first tuition installment, which is typically the month of August. This is a great way to offset some of those back to school expenses in the month of August! Tell your friends and family about our wonderful school, and make sure they fill out the new family referral form so that you’ll earn your credit!

We are looking forward to a great school year and we are so happy
you are a part of the CCA family!



CATHEDRAL CHRISTIAN ACADEMY

New Student Referral Program

Name and Info of New Student: _____

Parent/Guardian Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Please list the name of the individual who referred you to Cathedral Academy. You may list only one person. Forms with more than one referral will not be accepted.

I was referred by: _____

Referral Forms will not be accepted after enrollment application submission. This form must be submitted at time of application.

I attest that the individual named above referred me to Cathedral Academy prior to the submission of my child's application.

Parent/Guardian Signature: _____

Date: _____

CATHEDRAL ACADEMY REGISTRATION CARD FOR NEW STUDENTS

Welcome to CCA! Please fill out each item and print clearly.

DATE	SCHOOL YEAR	GRADE TO ENTER	GENDER
STUDENT'S LEGAL NAME - LAST		FIRST	MIDDLE
STUDENT'S PREFERRED NAME			
ADDRESS - STREET		CITY	STATE ZIP CODE
AGE		BIRTH DATE	
MOTHER'S INFO - NAME		EMPLOYER & EMPLOYER'S PHONE NUMBER	
PHONE (mother/guardian) (home)		(cell)	
EMAIL (mother/guardian)			
FATHER'S INFO - NAME		EMPLOYER & EMPLOYER'S PHONE NUMBER	
PHONE (father/guardian) (home)		(cell)	
EMAIL (father/guardian)			
ADDRESS, IF DIFFERENT FROM ABOVE -			
IF PARENTS ARE SEPARATED OR DIVORCED, WITH WHOM DOES THE CHILD LIVE?			
CHILD'S PHYSICIAN -	NAME	PHONE	
MEDICAL - ARE THERE ANY KNOWN MEDICAL CONDITIONS WE SHOULD BE AWARE OF? PLEASE LIST MEDICATIONS TAKEN.			
EMERGENCY CONTACT -	NAME	PHONE	RELATIONSHIP
EMERGENCY CONTACT -	NAME	PHONE	RELATIONSHIP
EMERGENCY CONTACT -	NAME	PHONE	RELATIONSHIP
SCHOOL ATTENDED LAST -	NAME OF SCHOOL	ADDRESS	

HAS STUDENT FAILED ANY GRADE OR BEEN HELD BACK?

IF YES, WHAT GRADE?

WHAT IS YOUR REASON FOR SELECTING CATHEDRAL ACADEMY?

HOW DID YOU HEAR ABOUT OUR SCHOOL?

HAS STUDENT BEEN BAPTIZED AND ABLE TO RECEIVE HOLY COMMUNION?

WHAT CHURCH DOES YOUR FAMILY NOW ATTEND?

ARE YOU NOW OR HAVE YOU EVER BEEN UNDER THE SUPERVISION OF A PAROLE OFFICER OR UNDER THE CUSTODY OF THE JUVENILE COURTS?

HAVE YOU EVER HAD A POLICE RECORD? IF SO, GIVE THE DATE AND THE COMPLETE NAME AND ADDRESS OF THE JUDGE OR PROBATION OFFICERS.

Statement of Co-Operation

In submitting this application for my child, it is my desire to have him/her complete the school year _____ - _____. It is my understanding that the policy of the school is to make no refunds on curriculum fees, tuition, or any other fees. I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from any liability to me or my child because of any injury to my child at school or during any school activity. I give my permission for my child to be photographed and for those photos to be used in regards to campus life and activities and understand they may be posted to social media.

Parent/Guardian Signature _____ Date _____

Policy and Procedure Consent Form

1. Any student arriving to school in an incomplete uniform will be sent home that day.
2. All contact and medical information must be kept current, including e-mail, cell phone and mailing address, medications, etc.
3. Cathedral Academy reserves the right at any time to dismiss a student due to behavior it deems inappropriate, immoral, or of a dangerous nature to the school, faculty, and its student body.
4. I have read the Student Handbook and agree fully with all its contents.

I hereby agree with the above statements regarding policies and procedures and I agree fully with the contents of the Student Handbook.

Parent/Guardian Signature _____ Date _____

Student Name _____

Cathedral Academy Financial Policy and 2024 – 2025 Tuition Agreement Form

The summary of the financial policies and procedures is as follows:

1. **Tuition is \$275.00 for 12 months starting in August 1 and not ending until July 31.**

The Curriculum fee of \$350.00 for K5 – 2nd grade and \$425 for 3rd – 8th grade is used to purchase books and materials for the student and classroom, cleaning supplies, and educational materials. This fee is due by July 1st. If this fee is not received by July 1st your student's books will not be ordered in time for the beginning of school. **This is a non-refundable fee. Curriculum fees may be paid to hold your child's place for next year, but it will NOT be refunded if you decide not to send your child to Cathedral Christian Academy for the 2023 – 2024 school year.**

2. Tuition is due on the 1st of the month.

Tuition received after the 10th of the month will incur a \$25 late fee on the existing balance.

3. Returned checks will incur a \$30.00 fee payable in cash or money order. Returned checks are due immediately.

We solely depend on timely tuition payments for the operation of the school.

4. Checks will not be accepted for tuition after the second returned check. All further payments will need to be in cash or money order.

5. If tuition is behind on the 1st of the second month, your child will not be able to attend Cathedral Academy until all tuition is brought current. You will be notified by phone and/or letter stating your child may not return. Although we are a Christian School, tuition is used to fund teacher's salaries, overhead, accounting fees, etc. Cathedral Academy cannot exist without tuition payments being made in a timely manner. Student's will be considered unexcused and will receive zeros on all of their work.

6. Report cards will not be issued if there are outstanding balances. A student will not be able to participate in graduation exercises if there is any outstanding balance.

7. It is the policy of the school to make no refunds on curriculum fees, tuition, or any other fee. This includes expulsion from school.

8. All students K5 – 8th grade must participate in academic testing.

A **\$100.00 testing fee** is due February 1 for academic/ aptitude test given in April.

10. **All parents are required to participate in 2 main school fundraisers.** Parents who do not participate will be charged a \$200 fee per student, which is due at the end of each fundraiser. These fundraisers are the only way we are able to keep our tuition and fees so affordable.

11. Tuition for the Academic School Year is still due for the entire year if you withdraw from school. This is a 12 month contract and will only become null and void if your move more than 60 miles away from the school because of a family emergency or a change in job.

12. Returning student registration is open from March 1 – 31. **Returning student registration fee is \$150 per student.** Any returning student registering after March 31 will pay an additional \$100 late registration fee.

I hereby agree with the above statements and hereby certify I have read each of these policies regarding my financial obligation to Cathedral Academy.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Student Name _____



CATHEDRAL CHRISTIAN ACADEMY

Student Record Release

Releasing School:

School

Address

City

State

Zip Code

Receiving School:

Cathedral Academy

PO Box 661

Selma, AL 36702

Attn: Fr. Craig Stull, Headmaster

Dear School Counselor:

My child/children have been withdrawn from your school.

Please release their academic and health records to the above-named receiving school.

Student's Name

Age

Grade level at time of withdrawal

Signature of Parent/ Guardian

Date

Cathedral Academy
Parochial/Church School Enrollment Form

School Year _____

Public School District: Selma City Schools

1. To be completed by parent or guardian (*parent signature required for Sec. 1 and 2*)

Student Name

Date of Birth

Grade

Home Address:

Home phone: _____

Work phone: _____

Cell phone: _____

Church/ School Address:

Cathedral Academy

1204 Highland Ave.

Selma, AL 36701

(334) 872-9997

Parent/ Guardian Signature: _____ Date: _____

2. Consent for notification of student withdrawal

I hereby give prior consent to the administration of Cathedral Academy to notify the public school superintendent should the above name student cease attending at said school.

Parent/ Guardian Signature: _____ Date: _____

3. To be completed by church/ parochial school administrator

Church School Address:

Cathedral Academy

1204 Highland Ave.

Selma, AL 36701

Mailing Address: PO Box 661 | Selma, AL 36702

School Phone: (334) 872-9997

Date of Enrollment _____ For _____ Academic Year

Date

Signature of Church School Administrator

Parent Check List

- _____ Application packet
- _____ Signed Tuition Contract
- _____ Birth Certificate
- _____ Blue Immunization Record
- _____ Social Security Card
- _____ 2 letters of recommendation (letters may be from a former teacher/ and or church official) **5th – 12th grade only**
- _____ discipline record
- _____ attendance record
- _____ Copy of the last Report Card