

# CHRISTIAN LIFE CENTER ACADEMY

*Transforming a Generation Through Christian Education*

6650 RANKIN ROAD  
HUMBLE, TX 77396  
(281) 319-0077  
CLC-CHURCH.COM

Grade \_\_\_\_\_

**NOTE:** This application will provide information needed to determine if a student would be accepted. A *non-refundable registration fee must accompany this application*. The enclosed registration fee is necessary for the student to be considered for enrollment. *A copy of the birth certificate (K-4 & K-5) and immunization records must accompany this application. Since records are filed separately, an application is needed for each student.*

**A. NONDISCRIMINATION POLICY:** Christian Life Center Academy does not discriminate on the basis of race, color, ethnic background or national origin in its admission or educational policies.

**B. GENERAL RECORD** Check One:  New Student  Returning Student

Student Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Address \_\_\_\_\_  
Address City State Zip

Parent or Legal Guardian (Primary contact):

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Primary contact #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work #: \_\_\_\_\_ Occupation: \_\_\_\_\_

Secondary Contact:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Primary contact #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work #: \_\_\_\_\_ Occupation: \_\_\_\_\_

Child Resides With:  Mother/ Father  Mother only  Father only  
 Father/ Stepmother  Mother/ Stepfather  Grandparents/ Guardian

**NOTE:** You must inform the school office when **ANY** information changes!

## OFFICE USE ONLY

Date Application Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Registration Fees: \_\_\_\_\_

## Honor Code

CLCA was founded upon the conviction that young people should be able to gain a quality academic education in an environment that is conducive to spiritual growth. Each student grades 5-12 must commit to and sign the following Honor Code:

- I pledge to apply myself wholeheartedly to my intellectual pursuits and to use the full powers of my mind for the glory of God.
- I pledge to grow in my spirit in developing my own relationship with the Lord.
- I pledge to cultivate good relationships socially with others and seek to love others, as I love myself. I will not lie, I will not steal, I will not curse, I will not be a gossip, and I will not cheat or plagiarize.
- I pledge to keep my total being under subjection from all immoral and illegal acts and habits, whether on or off campus.
- I pledge to maintain integrity of “openness” to God’s claims on my life, and to do my utmost to know and follow His will for my life.
- I pledge to attend the house of worship of my choice wherever God is honored and lifted up.
- I pledge to abide by the rules and regulations, which from time to time may be adopted by the CLCA Administrator and/ or CLC Senior Pastor. I understand that CLCA is a private school and I therefore accept my attendance at CLCA as a privilege and not a right.

Students found to be out of harmony with the CLCA Christian principles may be asked to withdraw whenever the general welfare of the student body demands it. It should be understood that this is a joint agreement between the school, the parent, and the student. Both the school and the parent must enforce these standards while the student is associated with CLCA.

## Corporal Correction Form

CLCA is honored that you have asked our staff to assist you in the training of your child for Christian leadership. Our total program is designed to develop spiritual, academic, and social qualities in your child and we appreciate your confidence in us.

To best carry out your wishes for total character development, we believe it is necessary to follow the scriptural admonition to correct a child when their behavior warrants such. As a means of correcting the more serious offense, or continued minor offenses, we may exercise corporal punishment (Proverbs 22:15; 23:13-14) under the following guidelines:

1. The parent will be called before corporal punishment is administered.
2. The offense will be clearly discussed with the child.
3. Two firm strokes will be administered by a staff member with a simple, flat paddle.
4. A staff witness will be present.
5. Your child will not be physically restrained. If he/ she refuses to submit to paddling, the parent will be called and given the option to discipline the child or, if it is in the best interest of the school and the child, the child will be withdrawn from the school.
6. After administering strokes, a staff member will pray with and encourage your child, assuring them of our love.

We, \_\_\_\_\_ parents of \_\_\_\_\_,  
have read the above and agree to support the school in its policy of corporal correction without reservation. We personally pledge our support to the staff of CLCA in their scriptural approach to discipline and corporal correction as it applies to our child.

\_\_\_\_\_  
Signature of Father or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother or Guardian

\_\_\_\_\_  
Date

**Parent Questionnaire:** (Please attach additional pages as needed.)

How did you hear about Christian Life Center Academy? \_\_\_\_\_  
\_\_\_\_\_

Why do you want to send your child to Christian Life Center Academy? \_\_\_\_\_  
\_\_\_\_\_

What are your child's greatest needs? \_\_\_\_\_  
\_\_\_\_\_

What are your child's greatest strengths in the following areas?

Spiritual	_____ _____
Behavioral	_____ _____
Social	_____ _____
Emotional	_____ _____
Academic	_____ _____

In what way have you had to be of assistance in helping your child achieve academically?  
\_\_\_\_\_

In what ways do you see yourself being involved in your child's education? \_\_\_\_\_  
\_\_\_\_\_

Has your child experienced any behavioral, academic, physical, or emotional challenges that have required special services from a therapist, psychologist, medical doctor, or other specialist? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Is your child currently diagnosed with any learning or health conditions? If yes, please explain. \_\_\_\_\_

Has your child ever been involved with the juvenile authorities? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Was your child ever expelled or suspended from school? If so, when and why? \_\_\_\_\_  
\_\_\_\_\_

Was your child ever denied admission to a private or Christian school? If so, why? \_\_\_\_\_  
\_\_\_\_\_

Name of last school attended? \_\_\_\_\_ Phone # \_\_\_\_\_

**STUDENT QUESTIONNAIRE (To be completed by students in grades 5-12)**

Have you consumed alcoholic beverages or used drugs or tobacco products in the past 12 months? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

What are your favorite subjects?

What subjects do you most need help with?

Why do you feel you should be accepted as a student at Christian Life Center Academy?

\_\_\_\_\_

What are some goals you have for your life? \_\_\_\_\_

\_\_\_\_\_

Whose idea is it for you to attend Christian Life Center Academy and why? \_\_\_\_\_

\_\_\_\_\_

What behaviors or attitudes will you work at changing to become a quality student at Christian Life Center Academy? \_\_\_\_\_

\_\_\_\_\_

What one thing do you wish to avoid at Christian Life Center Academy that you were unable to avoid at your last school? \_\_\_\_\_

\_\_\_\_\_

**SPIRITUAL INFORMATION**

Home Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

Denomination: \_\_\_\_\_

Youth/ Children's Pastor: \_\_\_\_\_ Sr. Pastor: \_\_\_\_\_

Please explain the applicant's relationship with God? \_\_\_\_\_

\_\_\_\_\_

Year you accepted Christ as your personal Savior: \_\_\_\_\_ Year baptized: \_\_\_\_\_

Have you received the baptism in the Holy Spirit with the evidence of speaking in tongues? YES Date \_\_\_\_\_ NO

If no, are you open to this experience?

Names of other school age children in family	Age	Grade	School
Names of persons authorized to pick up child	Relationship		Phone #
Emergency Contact Name:	Phone #	Cell #	
<p>Has the applicant ever received testing or services for a learning disability? If yes, explain. _____</p> <p>_____</p>			
<p>List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic conditions, etc. _____</p> <p>_____</p>			
<p>The school nurse may, on occasion, if deemed necessary, administer (Check Choices)</p> <p>____ Tylenol    ____ Pepto Bismol    ____ Cough Drops    ____ No Medication!</p>			

## Statement of Faith

- We believe the Bible is the inspired and only infallible and authoritative written Word of God.
- We believe there is one God, eternally existence in three persons: God the Father, God the Son, and God the Holy Spirit.
- We believe 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; in His bodily resurrection; in His ascension to the right hand of the Father; in His personal future return to this earth in power and glory to rule for a thousand years.
- We believe the only means of being cleansed from sin is through the repentance and faith in the precious blood of Jesus Christ.
- We believe regeneration by the Holy Spirit is absolutely essential for personal salvation.
- We believe the redemptive work of Christ on the cross provides healing of the human body in answer to believing prayer.
- We believe the baptism of the Holy Spirit, according to Acts 2:4, is given to believers who ask for it.
- We believe in the sanctifying power of the Holy Spirit by whose indwelling the Christian is enabled to live a holy life.
- We believe in the resurrection of both the saved and the lost: the one to everlasting life and the other to everlasting damnation.

## Affirmation

I hereby believe that all of the information contained in this application is true and accurate to the best of my knowledge. I understand that providing any false information would be sufficient reason for the rejection of this application, or the rejection of my child once accepted as a student in CLCA. I hereby affirm that I agree with the Statement of Faith and have read and agree with the Honor Code.

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Signature of Parent or Guardian

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Date

## Christian Life Center Academy

At Christian Life Center Academy, we know the value and importance of family. We want you to know that those who are important to you are also important to us. Because we want to get to know your family better, please share the following information.

Student's Name: \_\_\_\_\_

Parents Names \_\_\_\_\_

Maternal Grandparents Names \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Paternal Grandparents Names \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Aunts & Uncles 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Other family 1. \_\_\_\_\_

2. \_\_\_\_\_

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# CHRISTIAN LIFE CENTER ACADEMY

6650 Rankin Road, Humble, Texas 77396  
academy@clc-church.com (281) 319-4523

## Pastor's Questionnaire

*(To be filled out by your Pastor)*

Dear Pastor,

The student listed below has applied for admission to Christian Life Center Academy. We believe in disciplining and training students through Christian Education to become leaders who will follow Jesus Christ. Educating children is the responsibility of the parents, and our school exists to help the parents fulfill their divine call.

It is necessary that we receive support and assistance from their homes and local churches to effectively minister to students.

We are requesting that you answer the following questions to help us in the admission process. Please complete the information below and return it to Christian Life Center Academy.

In His Service,  
CLCA Administrator

Student's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

- 1) Is this Parent/Guardian faithful in attendance to your local body of believers? \_\_\_\_\_
- 2) According to your knowledge, has this Parent/Guardian expressed good stewardship? \_\_\_\_\_
- 3) Is this parent/guardian in harmony with the leadership of the church? \_\_\_\_\_
- 4) Describe the spiritual commitment of the student (if age allows):  
\_\_\_\_\_  
\_\_\_\_\_

5) Can you recommend this young person to Christian Life Center Academy for admission? \_\_\_\_\_  
Any other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Church Name

\_\_\_\_\_  
Church Phone Number

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (and title if other than senior pastor)

For confidentiality and expedience purposes, we recommend you fax this form to CLCA. The form may also be mailed; however, it could delay registration. If you have any questions, please call the school.