



Chestnut Ridge Academy: A Homeschool Umbrella

Admission Application

Student Name	Birthdate	Grade Level	School Last Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional students in the same family go to the back of this page.

In what Local Education Agency does your family currently live?

(For example: Lincoln County, Fayetteville City, etc) _____

_____ Check One: _____ High School Diploma _____ GED _____ Neither
Name of Parent/Guardian responsible for child(ren)'s education.

Phone # (____) _____ Email: _____

Street Address	City	State	Zip
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1. Are any of the students on this application considered truant at this time? YES NO
2. Is there a court date scheduled for truancy? YES NO
3. Have any of the students been arrested or held for questioning within the last 2 years? YES NO
4. Are any of the students on probation? YES NO

If Yes for any of the above questions, please name student _____

5. If "YES" to question #4, what is the case worker's name and phone number?

Applicants who answer "YES" to any of the above questions will be reviewed by Chestnut Ridge Academy's Board before acceptance (please include a written explanation). Please note that false information in these forms can result in student expulsion.

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Admission Application (page 2)

How did you hear about Chestnut Ridge Academy? (Give a name when possible)

Chestnut Ridge Academy does not and shall not discriminate on the basis of race, color, religion (creed), gender, age, national origin (ancestry), disability, marital status, or military status, in any of its activities or operations. All admission decisions are made after prayerfully considering the best interest of the applicant and the Chestnut Ridge Academy and Satellite Program as a whole. CRA seeks to foster and preserve a positive, Christian atmosphere for all students. Upon receipt of student's application, the student is granted provisional admission. In some unusual circumstances, however, once records are received and reviewed, full admission may not be granted. Parents agree to abide by the final admission decision of the CRA Board.

I understand and accept all the above conditions on both pages of this application and certify that all information given is true and correct to the best of my knowledge.

Signed (Parent or Guardian)

Date

Fee schedule (Payment of fees due at time of application)

	1 st Student	2 nd Student	3 rd Student	4 th Student
High School	\$99	\$85	Family Cap \$250	
1 st – 8 th Grade	\$85	\$75	\$65	Family Cap \$250
Kindergarten	\$50	\$50	\$50	\$50
Graduation Fee for High School Seniors walking in graduation: \$125 (Due November 1, 2023 . No discounts apply)				
Not walking in graduation: \$50 (Due at time of graduation. No discounts apply)				

*Discounts and Family Cap pricing is intended for siblings within the same household.

Would you like to make a tax-deductible contribution to our scholarship fund? If so, please indicate here the amount you are giving. Add that amount to your registration fees.	\$
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Total Fees:	
Tax-deductible donation:	
Total:	
Amount Paid:	
Balance:	

Please make checks payable and send application to:

Chestnut Ridge Academy
PO Box 49
Fayetteville, TN 37334

www.chestnutridgeacademy.org
(931)227-7391

Email: ChestnutRidgeAcademy@gmail.com

DO NOT send screenshots from phone or computer or picture captures. Email in PDF format only.

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Curriculum/Course List

Please fill out what subject areas you will be covering as **specifically** as possible. (**Instead of just putting "Science", please put Biology or Chemistry. This may not apply for grades lower than high school.**) Then list the books you will use. If you need help in filling out this document, feel free to contact the main office. We can make curriculum suggestions and/or help you with filling out this form.

Student's Name _____ Grade _____

School Year: **2023-24**

Subject (Math, English, History, etc.)	Grade (K-12)	Publisher (A Beka, Bob Jones, Apologia, etc)	Book Title

Please list any **co-op classes**, **online courses** and/or **dual enrollment** courses in which your child will be involved.

Course Title	Teacher	Text	Start Date	End Date

For high school students (Grades 9-12), indicate plans for after high school. (This may change from year to year):

- ☐ College Bound (4 year university)
- ☐ 2 Year College or Trade/Tech school
- ☐ Military
- ☐ Work Force
- ☐ Other _____

All first time high school enrollees and those entering 9th grade must attend a High School Orientation session in person or online to review requirements for graduation.

Signature of Parent/Guardian

Date



Chestnut Ridge Academy & Satellite School

Records Request Form

Student Name _____ Birthdate _____ Grade _____

Former School or Homeschool Umbrella _____

Former School/Umbrella Mailing Address

Former School/Umbrella Phone _____ Fax _____

Former School Contact Email _____

I, _____, grant permission for a copy of my child's records to be sent to
(Parent/Legal Guardian name)

Chestnut Ridge Academy & Satellite School.

Signature of Parent/Guardian _____

The above named student enrolled with Chestnut Ridge Academy & Satellite School on _____.
Please email or mail copies of transcripts, report cards, standardized test scores, IEP (when applicable), Birth
certificate and medical/immunization records to:

Chestnut Ridge Academy
PO Box 49
Fayetteville, TN 37334

Phone (931)227-7391 FAX (931)208-6342 Email: ChestnutRidgeAcademy@gmail.com

Please be sure all photocopied transcripts are legible.

Patricia A. Hunt _____
Administrator Name (Print) Date

Administrator Signature