

2026-2027

Application for Admission

Thank you for considering Coosa Valley Academy for your child's educational experience.

The following items are required before your child will be considered for admission to Coosa Valley Academy.

Non-Refundable Application-Admission Fee - Corporate Membership Form

Official Transcripts from previous school(s) - SAT scores or other achievement test scores

Last Report Card received - Blue Immunization Form – Expired form will NOT be accepted

Copy of Social Security Card - Copy of Birth Certificate

Previous school system Behavior Record **or** Letter of Recommendation from Teacher or Administrator

An Administrator interview will be scheduled with the parents and child as part of the admission process.

Students entering Grades 9th – 12th must receive a negative Drug test administered by CVA.

Student's Full Name: _____ Name Used _____

SS# _____ D.O.B. _____ Grade Level in Fall _____

Gender: Female _____ / Male _____

Allergies or Health Issues: (if none, please write **none**) _____

Parents' or Guardians' Names: _____

Calling Post _____

Mailing Address: _____

Physical Address: _____ City _____ Zip Code _____

Home Phone (____) _____ Cell (Father) (____) _____ Cell(Mother) (____) _____

Email Address: _____

Father's Place of Employment _____ Work Phone (____) _____

Mother's Place of Employment _____ Work Phone (____) _____

Check the OTC Medications that your child may be given during school: *Please indicate dosage to be given for each OTC Medication, if no dosages are indicated, dosage will be given according to directions on the medication label.*

Children's Tylenol _____ Children's Motrin/Advil _____ Junior Tylenol _____

Adult Tylenol _____ Adult Motrin/Advil _____ Pepto/Antacids _____

Minor cuts - Neosporin and a Band-aid _____ Bug bites, itching - Anti-itch cream _____

Sign here if you want to be notified each time your child is sent to the office for any of the above medicines. _____

All Other Medications that a student needs for a short period of time (2-3 days) must have a signed note from the parent stating the dosage and time of each dosage for the child. A dosage cup or spoon should accompany liquid medicine.

***** We, (CVA) will not give medication for a fever. Any student who has a fever (99 or above) or is throwing up must leave school. The parent or guardian will be called immediately and should pick up his or her child as quickly as possible.

List names of others to contact in case of emergency.

Name _____ Phone (____) _____

Name _____ Phone (____) _____

Doctor's Name _____ Phone (____) _____

I, _____ **authorize the school to make whatever arrangements deemed necessary for the care of my child.**

The following people, with the proper ID, have permission to check out my child. Your child will only be released to the following people. List what relation. _____,

_____, _____,
_____, _____,
_____, _____,

Previous Schools Attended:

_____ Grade Level _____

Address:

_____ Street _____ City _____ State _____ Zip Code

Why did you choose to leave this school?

Has your child ever been suspended, expelled or attended an alternative school setting? If yes, please explain why _____

Does your child have an IEP or receive any special services from this or any other school? _____

Explain _____

List extra-curricular activities in which your child has participated or is interested in.

List honor awards, honor societies, and clubs in which your child was a member.

Responsible Party - Parent or Guardian Signature(s): _____

Date: _____

If you have any questions, please call the CVA office at (205) 672-7326