



11431 University City Blvd, Charlotte, NC 28213 · enrollment@cornerstoneadventistacademy.org

2021-2022 APPLICATION

Grade applying for _____ Date of application _____

Gender _____

Full legal name of student _____
Last First Middle

Date of birth _____ Place of birth _____ Age _____
Month Day Year

Home address _____

City _____ State _____ Zip _____

Mailing address (if different from above) _____

City _____ State _____ Zip _____

Phone number _____

Is this student a baptized member of the Adventist church? Yes No

If baptized, indicate year _____ Church where membership is held _____

Has applicant ever been suspended, expelled or asked to leave another school?

Yes No

If yes, please explain. _____

EMERGENCY INFORMATION

Person to call if parent is not available _____

Relationship _____ Phone number _____

Family physician or name of medical center used _____

REFERENCES

List the names and contact information of at least two people not related to the student who can speak to the student’s character and academic readiness (i.e. teacher, Sabbath School teacher, Pathfinder counselor, etc.)

1. Name _____

Phone _____ Email _____

2. Name _____

Phone _____ Email _____

3. Name _____

Phone _____ Email _____

4. Name _____

Phone _____ Email _____

A \$25 application fee is due along with this application. You may pay the application fee online via [AdventistSchoolPay](#). If paying by check make payable to “Cornerstone Adventist Academy.”