

Enrollment Instructions

Coopertown Christian Academy

3850 Hwy 49 W • Springfield, TN 37172 • phone: 615.382.5480 • fax: 615.382.1099

NEW AND RETURNING APPLICANTS

Before your family starts the school year:

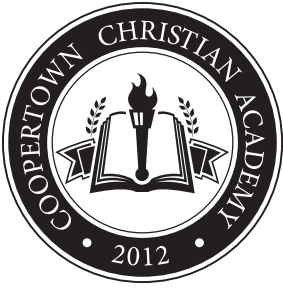
- Submit \$25 (non-refundable) **REGISTRATION FEE** (per family) - due with enrollment papers. All enrollment fees must be submitted by the end of the student's first semester
- Complete and submit **ENROLLMENT APPLICATION** forms
- Complete **REQUEST FOR RECORDS** form (if applicable)
- Submit **ENROLLMENT FEE** (use chart below to calculate fee)
- Submit **CURRICULUM LIST** (within 30 days of registration)

	Early Enrollment to July 15	July 16 to October 31	After November 1
1st child	\$60	\$65	\$90
2nd child	\$50	\$55	\$90
3rd child	\$40	\$45	\$90
4th child	\$30	\$35	\$90
5th child	0	0	0

After your family starts the school year:

Throughout the school year keep track of days child(ren) completed school work for fall and spring using the calendar provided on the **1ST SEMESTER REPORT** and **2ND SEMESTER REPORT** forms, and submit at the end of each semester.

Please note that other fees (such as graduation, academic testing, and field trips, etc.) may arise during the year. High school graduation fee - \$100. K5 graduation fee - \$35 Testing fee - \$50.



Enrollment Application

Coopertown Christian Academy

2018-2019

Date _____

3850 Hwy 49 W • Springfield, TN 37172 • phone: 615.382.5480 • fax: 615.382.1099

STUDENT INFORMATION

Re-Enrollment New Student Male Female Graduating Yes No

First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ Social Security Number _____ Grade Level _____ Age _____

Student's Street Address _____ P.O. Box (if any) _____ City _____

State _____ Zip _____ County _____

Student Driver's License No. (if applicable) _____ Home Phone _____

PRIMARY TEACHER INFORMATION

(must live with student) Mother Father Legal Guardian

First Name _____ Middle Name _____ Last Name _____ Occupation _____

Place of Employment _____ Driver's License Number _____ Work Phone _____

e-mail Address _____ Cell Phone _____

Education Level: GED High School Diploma College Degree

(NOTE: By School Policy, a high school diploma or GED is required to teach a student in 9th through 12th grade.)

OTHER PARENT INFORMATION

Mother Father Legal Guardian

First Name _____ Middle Name _____ Last Name _____ Occupation _____

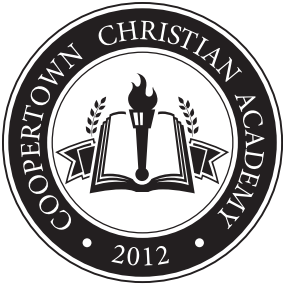
Place of Employment _____ Driver's License Number _____ Work Phone _____

Education Level: GED High School Diploma College Degree None

Does this parent live at student's home? Yes No Does this parent have custodial rights to student records? Yes No

CHURCH INFORMATION

Church Name _____ Pastor's Name _____ City _____ Phone _____



Enrollment Application

Coopertown Christian Academy

3850 Hwy 49 W • Springfield, TN 37172 • phone: 615.382.5480 • fax: 615.382.1099

OTHER INFORMATION

please circle no or yes

- Has student been suspended from school within the last 2 years? No Yes
- Has student been arrested or held for questioning within the last 2 years? No Yes
- Has student been in a drug rehabilitation program within the last 2 years? No Yes
- Is student pregnant?..... No Yes
- Is student the mother or father of a child? No Yes
- Is student married?..... No Yes
- Does student smoke?..... No Yes
- Has student ever been involved in a gang or any cult? No Yes

Applications from students who answer yes to any of the questions above will be reviewed by Coopertown Christian Academy before acceptance (please include written explanation). Please note that false information in these forms could result in student expulsion.

- Does student have any IEP documents or Special Ed Reports? No Yes
- Has student been taught at home before? (If yes, how many years?)..... No Yes
- Are you a member of the Home School Legal Defense Association? No Yes

FEES

Fees being submitted with registration forms: Registration: \$ _____ Enrollment: \$ _____

Paid by: Cash Check # _____

SIGNATURES

Parent's (or Legal Guardian's) Signature

Date

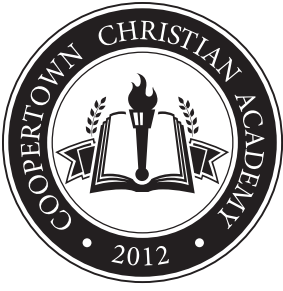
Student's Signature (Eighth grade and above)

Date

Signatures grant school permission to verify data on this form and to monitor compliance to its policies.)

SUBMIT

Submit completed enrollment forms along with fees to: Coopertown Christian Academy • 3850 Hwy 49 W • Springfield, TN 37172



2018-2019

Request of Student Records Coopertown Christian Academy

3850 Hwy 49 W • Springfield, TN 37172 • phone: 615.382.5480 • fax: 615.382.1099

Please include this form with Enrollment Application and submit to:
Coopertown Christian Academy | 3850 Highway 49 W | Springfield, TN 37172

Full Legal Name of Student

Date of Birth

Social Security No.

Grade

Name of Last School Attended

School's Address (please include as much school information as possible)

City

State

Zip

Phone

Fax

Note to previous school:

1) Does student have an IEP or Special Ed. Report? Yes No

(If yes, please include them along with copies of birth certificates and health files when forwarding records.)

2) Number of days of attendance for the current school year: _____

3) Please include copy of this document when forwarding student records.

I give permission to Coopertown Christian Academy's records department to submit a request of student's records from previous school including: transcripts, achievement testing scores, medical records, birth certificate, and/or any other items included in his/her cumulative folder.

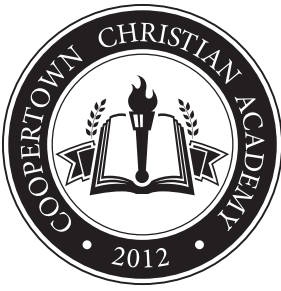
Signature of Parent or Legal Guardian

Date

Coopertown Christian Academy use only

1st Request Date: _____ 2nd Request Date: _____ 3rd Request Date: _____

Representative _____ Signature _____



Curriculum List

Coopertown Christian Academy

3850 Hwy 49 W • Springfield, TN 37172 • phone: 615.382.5480 • fax: 615.382.1099

Must be submitted within 30 days of enrollment.
It is the parent's responsibility to find and purchase curriculum materials for their student(s).

Full Legal Name of Student _____

Date of Birth _____

Grade _____

City _____

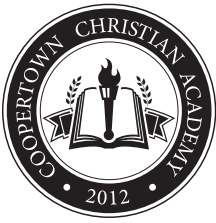
State _____

Zip _____

Phone _____

SUBJECT (Math, English, History, etc.)	GRADE (K-12th)	PUBLICATION (i.e. ABeka Books, Bob Jones, Saxon Math, etc.)

Signature of Parent or Guardian _____ Date _____



1st Semester Report

Coopertown Christian Academy

K-8th

3850 Hwy 49 W • Springfield, TN 37172 • phone: 615.382.5480 • fax: 615.382.1099

Please make a copy of this report for your own records before you submit it to Coopertown Christian Academy.

Subject*	Grade**
Bible	
English	
Phonics	
Vocabulary	
Reading Comprehension	
Spelling	
Handwriting	
General Math	
Science	
Social Studies	
Geography	
Physical Education	
Health	
Music	
Art	
Foreign Language	
Home Economics	
Typing	
Drama	
Other:	

*These are the most common subjects for K-8th grade. Students are not required to work on all of them at the same time during one school year.

**Grading - You may choose any grading designation for K-8th grade levels: A-B-C, S (Satisfactory), E (Excellent), Pass, etc.

Full Legal Name of Student _____

Date of Birth _____ Grade _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Email Address _____

Circle the dates student did school work

July 2018

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August 2018

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

September 2018

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October 2018

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November 2018

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December 2018

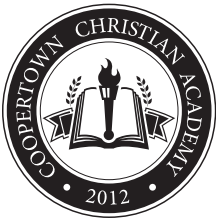
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Late Fee: Please include a \$10 late fee per family if submitted after January 31st.

Total number of days completed in 1st semester:

(Please allow three to five days to process your report.)

Parent's /Legal Guardian's Signature _____ Date _____



2nd Semester Report

Coopertown Christian Academy

K-8th

3850 Hwy 49 W • Springfield, TN 37172 • phone: 615.382.5480 • fax: 615.382.1099

Please make a copy of this report for your own records before you submit it to Coopertown Christian Academy.

Subject*	Grade**
Bible	
English	
Phonics	
Vocabulary	
Reading Comprehension	
Spelling	
Handwriting	
General Math	
Science	
Social Studies	
Geography	
Physical Education	
Health	
Music	
Art	
Foreign Language	
Home Economics	
Typing	
Drama	
Other:	

*These are the most common subjects for K-8th grade. Students are not required to work on all of them at the same time during one school year.

**Grading - You may choose any grading designation for K-8th grade levels: A-B-C, S (Satisfactory), E (Excellent), Pass, etc.

Full Legal Name of Student _____

Date of Birth _____ Grade _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Email Address _____

Circle the dates student did school work

January 2019

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February 2019

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March 2019

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April 2019

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May 2019

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June 2019

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

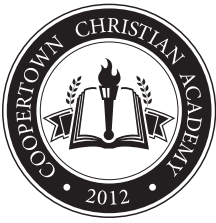
Late Fee: Please include a \$10 late fee per family if submitted after July 16th.

Total number of days completed in 2nd semester:

(Please allow three to five days to process your report.)

Parent's /Legal Guardian's Signature _____

Date _____



1st Semester Report

Coopertown Christian Academy

9th-12th

3850 Hwy 49 W • Springfield, TN 37172 • phone: 615.382.5480 • fax: 615.382.1099

Please make a copy of this report for your own records before you submit it to Coopertown Christian Academy.

Subject	Letter Grade*	Subject Completed
Bible I		<input type="checkbox"/> No <input type="checkbox"/> Yes
Bible II		<input type="checkbox"/> No <input type="checkbox"/> Yes
Bible III		<input type="checkbox"/> No <input type="checkbox"/> Yes
English I		<input type="checkbox"/> No <input type="checkbox"/> Yes
English II		<input type="checkbox"/> No <input type="checkbox"/> Yes
English III		<input type="checkbox"/> No <input type="checkbox"/> Yes
English IV		<input type="checkbox"/> No <input type="checkbox"/> Yes
Business Math		<input type="checkbox"/> No <input type="checkbox"/> Yes
Pre-Algebra		<input type="checkbox"/> No <input type="checkbox"/> Yes
Algebra I		<input type="checkbox"/> No <input type="checkbox"/> Yes
Algebra II		<input type="checkbox"/> No <input type="checkbox"/> Yes
Geometry		<input type="checkbox"/> No <input type="checkbox"/> Yes
Advanced Math		<input type="checkbox"/> No <input type="checkbox"/> Yes
Physical Science		<input type="checkbox"/> No <input type="checkbox"/> Yes
Physical Science w / Lab		<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology I		<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology I w / Lab		<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology II		<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology II w / Lab		<input type="checkbox"/> No <input type="checkbox"/> Yes
Chemistry		<input type="checkbox"/> No <input type="checkbox"/> Yes
Chemistry w / Lab		<input type="checkbox"/> No <input type="checkbox"/> Yes
Physics		<input type="checkbox"/> No <input type="checkbox"/> Yes
U.S. History and Geography		<input type="checkbox"/> No <input type="checkbox"/> Yes
World History and Geography		<input type="checkbox"/> No <input type="checkbox"/> Yes
US Government and Econ.		<input type="checkbox"/> No <input type="checkbox"/> Yes
Physical Education		<input type="checkbox"/> No <input type="checkbox"/> Yes
Health		<input type="checkbox"/> No <input type="checkbox"/> Yes
Foreign Lang. (_____)		<input type="checkbox"/> No <input type="checkbox"/> Yes
Fine Arts: Drama, Art, Photography		<input type="checkbox"/> No <input type="checkbox"/> Yes
Performing Arts: Music, Dance		<input type="checkbox"/> No <input type="checkbox"/> Yes
Literature:		<input type="checkbox"/> No <input type="checkbox"/> Yes
Specify:		<input type="checkbox"/> No <input type="checkbox"/> Yes
Home Ec.		<input type="checkbox"/> No <input type="checkbox"/> Yes
Computer Science		<input type="checkbox"/> No <input type="checkbox"/> Yes
Personal Finance		<input type="checkbox"/> No <input type="checkbox"/> Yes
Public Speaking		<input type="checkbox"/> No <input type="checkbox"/> Yes
Work Experience		<input type="checkbox"/> No <input type="checkbox"/> Yes
Other:		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes

*Grading Scale:
 94-100 = A
 87-93 = B
 77-86 = C
 70-76 = D
 0-69 = F

Full Legal Name of Student _____

Date of Birth _____

Grade _____

Address _____

City _____

State _____

Zip _____

Daytime Phone _____

Email Address _____

Circle the dates student did school work

July 2018

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August 2018

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

September 2018

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October 2018

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November 2018

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December 2018

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

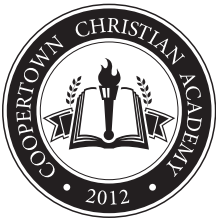
Late Fee: Please include a \$10 late fee per family if submitted after January 31st.

Total number of days completed in 1st semester:

(Please allow three to five days to process your report.)

Parent's /Legal Guardian's Signature _____

Date _____



2nd Semester Report

Coopertown Christian Academy

9th-12th

3850 Hwy 49 W • Springfield, TN 37172 • phone: 615.382.5480 • fax: 615.382.1099

Please make a copy of this report for your own records before you submit it to Coopertown Christian Academy.

Subject	Letter Grade*	Subject Completed
Bible I		<input type="checkbox"/> No <input type="checkbox"/> Yes
Bible II		<input type="checkbox"/> No <input type="checkbox"/> Yes
Bible III		<input type="checkbox"/> No <input type="checkbox"/> Yes
English I		<input type="checkbox"/> No <input type="checkbox"/> Yes
English II		<input type="checkbox"/> No <input type="checkbox"/> Yes
English III		<input type="checkbox"/> No <input type="checkbox"/> Yes
English IV		<input type="checkbox"/> No <input type="checkbox"/> Yes
Business Math		<input type="checkbox"/> No <input type="checkbox"/> Yes
Pre-Algebra		<input type="checkbox"/> No <input type="checkbox"/> Yes
Algebra I		<input type="checkbox"/> No <input type="checkbox"/> Yes
Algebra II		<input type="checkbox"/> No <input type="checkbox"/> Yes
Geometry		<input type="checkbox"/> No <input type="checkbox"/> Yes
Advanced Math		<input type="checkbox"/> No <input type="checkbox"/> Yes
Physical Science		<input type="checkbox"/> No <input type="checkbox"/> Yes
Physical Science w / Lab		<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology I		<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology I w / Lab		<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology II		<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology II w / Lab		<input type="checkbox"/> No <input type="checkbox"/> Yes
Chemistry		<input type="checkbox"/> No <input type="checkbox"/> Yes
Chemistry w / Lab		<input type="checkbox"/> No <input type="checkbox"/> Yes
Physics		<input type="checkbox"/> No <input type="checkbox"/> Yes
U.S. History and Geography		<input type="checkbox"/> No <input type="checkbox"/> Yes
World History and Geography		<input type="checkbox"/> No <input type="checkbox"/> Yes
US Government and Econ.		<input type="checkbox"/> No <input type="checkbox"/> Yes
Physical Education		<input type="checkbox"/> No <input type="checkbox"/> Yes
Health		<input type="checkbox"/> No <input type="checkbox"/> Yes
Foreign Lang. (_____)		<input type="checkbox"/> No <input type="checkbox"/> Yes
Fine Arts: Drama, Art, Photography		<input type="checkbox"/> No <input type="checkbox"/> Yes
Performing Arts: Music, Dance		<input type="checkbox"/> No <input type="checkbox"/> Yes
Literature:		<input type="checkbox"/> No <input type="checkbox"/> Yes
Specify:		<input type="checkbox"/> No <input type="checkbox"/> Yes
Home Ec.		<input type="checkbox"/> No <input type="checkbox"/> Yes
Computer Science		<input type="checkbox"/> No <input type="checkbox"/> Yes
Personal Finance		<input type="checkbox"/> No <input type="checkbox"/> Yes
Public Speaking		<input type="checkbox"/> No <input type="checkbox"/> Yes
Work Experience		<input type="checkbox"/> No <input type="checkbox"/> Yes
Other:		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes

*Grading Scale:
 94-100 = A
 87-93 = B
 77-86 = C
 70-76 = D
 0-69 = F

Full Legal Name of Student _____

Date of Birth _____

Grade _____

Address _____

City _____

State _____

Zip _____

Daytime Phone _____

Email Address _____

Circle the dates student did school work

January 2019

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February 2019

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March 2019

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April 2019

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May 2019

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June 2019

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

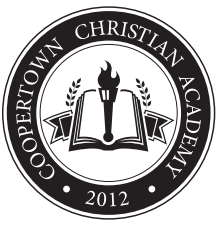
Late Fee: Please include a \$10 late fee per family if submitted after July 16th.

Total number of days completed in 2nd semester:

(Please allow three to five days to process your report.)

Parent's /Legal Guardian's Signature _____

Date _____



Credits Worksheet for High School Students 2018-2019

Student Name _____ Date _____

Earned Credits:	9th	10th	11th	12th
Bible I, II, III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Math (not for College Prep)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Algebra (not for College Prep)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Algebra I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Algebra II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Science w / Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biology I w / Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biology II w / Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemistry w / Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. History and Geography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
World History and Geography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Gov. and Civics, and Economics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Language (Must be two of the same)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Arts:				
Drama, Art, Photography, Music, Etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electives:				
Literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Economics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church Ministry (1/2 Credit only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Service (1/2 Credit only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals:	_____	_____	_____	_____

GRADUATION REQUIREMENTS

The minimum requirements to graduate from Coopertown Christian Academy include:

- 1) The required **22 Credits** (as shown below):
 - a. College Prep Path or
 - b. General Path
- 2) Completed Semester Reports for EACH high school year enrolled with Coopertown Christian Academy:
 - a. Curriculum List
 - b. 1st Semester Report
 - c. 2nd Semester Report
- 3) Achievement Tests (see options below):
 - a. Two (2) Stanford Achievement Tests.
 - b. or One (1) ACT Test.
 - c. or One (1) Stanford and One (1) ACT

REQUIRED HIGH SCHOOL CREDITS

COLLEGE PREPARATORY:

Bible	3
English I, II, III, IV	4
Personal Finance	1/2
Math (Algebra I & II, Geometry, plus one more)	4
Science (w / Lab): (Biology, Chemistry or Physics and a 3rd lab course)	3
Social Studies: (US History & Geo., World History & Geo., US Gov. & Civics, and Economics)	3
Health	1/2
Physical Ed	1
Foreign Language: (Must be two credits of same language)	2
Fine Arts	1
Total Credits	22

GENERAL:

Bible	3
English I, II, III, IV	4
Personal Finance	1/2
Math	2
Science	2
Social Studies: (US History & Geo., World History & Geo., US Gov. & Civics, and Economics)	3
Health	1/2
Physical Ed	1
Fine Arts	1
Electives	5
Total Credits	22