Community College Preparatory Academy
Celebrating Lifelong Learning

STUDENT ENROLLMENT APPLICATION SY 2025-2026

Student ID #:_____

STUDENT INFORMATION			
1.Last Name	2. First Name	3. Middle Name	4. Date of Birth
5. Address		6. Apt #.	Phone #
8. City	9. State		10. Zip Code
11. Student's Gender: Male Female Decline to respond			
12. School Last Attended:		School Address:	
Private Public Charter Other *(circle one)*		City State Zip Code	
13. Earned High School Diploma or GED? Yes No			
14. Are you homeless? Yes No			
15. Residential Status: Rent Shelter Living w/family or friend Transitional Housing Other			

PARENT/GUARDIAN INFORMATION		
16. Parent or Guardian Name:	17. Relationship:	
18. Address	19. Apt. #	20. Phone #
21. City	22. State	23. Zip Code

EMAIL AND TEXT COMMUNICATION	
24. I would like to receive email messages from CCPA at the address listed below. Email address:	25. I would like to receive text messages from CCPA at the number listed below. Cell Phone Number:

IN CASE OF EMERGENCY		
26. Emergency Contact Person:	27.Relationship:	28. Contact Phone #:

RESIDENCY/EMPLOYMENT
29. Are you a DC Resident?   Yes   No
30. Are you employed?   Yes   No
31. Are you looking for employment?   Yes   No

CCPA agrees that the data/ information provided in the Student Enrollment Profile shall remain confidential and shall only be used for legitimate CCPA business. I completed this form and I certify that the Information above Is accurate. I understand that providing false information for purposes of defrauding the government is punishable by law.

Signature of Student/Guardian: Date:
_____   _____