Christian Academy of Arts, Science and Technology (CAAST) P.O. Box 373, Rockville, CT 06066

392 Mile Hill Road, Tolland, CT 06084

Telephone (860) 299-5040 www.caast-school.org

CAAST admits students and makes available to them its advantages, privileges and courses of study without regard to race, color, sex, religion, national origin, or disability.

	STUDENT SECTION	
Applicant Name: Last:	First:	Middle:
Home Address: Street and Number:	i	
City/Town:	State:	Zip Code:
Home Phone #:	E-mail Address:	
Date of Birth:	Cell Phone #	
	PARENTS' INFORMATION	
Father's Name: Last:	First:	Middle:
Home Address: Street and Number:		
	State:	
Home Phone #:	Work Phone #:	
Home Email:	Cell Phone:	
Mother's Name: Last:	First:	Middle
	her's):	
	State:	
	Work Phone:	
Home E-mail:	Cell Phone:	
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VOLUNTARY INFORMATION SECTION

The information requested in this section is not required for admission. Submission of the information is entirely voluntary. Information submitted voluntarily by the applicant will not affect the applicant's admission to the school. The information, if supplied, will be used for monitoring equal educational opportunity in the school. In addition, note that applicants with disabilities may voluntarily self-identify for the purpose of requesting reasonable accommodations during the entire application and admission process. Applicants who are English language learners or limited English proficient may voluntarily self-identify for the purpose of receiving interpretive services during the entire application and admission process.

Gender: □ Female □ Male		
Race: American Indian or Alaskan Native Asian or Pacific Islander Black White Hispanic Combination of Two or More Races (if checked supply the code the attached list: Code:		
Person with a disability: \Box Yes \Box If yes, do you need accommodations during the application for admission process? \Box Yes If yes, please describe the accommodations needed.		
Person who is an English language learner or limited English proficient: \Box Yes \Box If yes, do you need language assistance during the application for admission process? \Box Yes \Box If yes, please describe the assistance needed.		