

**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 [caast.school@att.net](mailto:caast.school@att.net) 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: \_\_\_\_\_

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: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Home Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address (if different from Father's): \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## 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:  Yes If yes, do you need accommodations during the application for admission process?  Yes  
If yes, please describe the accommodations needed.

Person who is an English language learner or limited English proficient:  Yes If yes, do you need language assistance during the application for admission process?  Yes If yes, please describe the assistance needed.