



Brazos Valley

Cornerstone Christian Academy

3200 Cavitt Avenue • Bryan • TX • 77801 • 979-694-8200

www.cornerstone-christian-academy.com • Email: bvccaoffice@gmail.com

APPLICATION FOR ADMISSION 2026-2027

Full name of oldest student

First _____ Middle _____ Last _____ Date of Birth _____ Sex: ☐M ☐F

Home Phone: _____ Cell: _____ E-mail _____

Address:

Street _____ City _____ Zip _____

Applicant's church membership or preference:

Describe any physical or mental limitations the applicant may have: _____

Program for which you are applying: ☐Full Day ☐Core Curriculum ☐Home-School:

☐Kindergarten ☐1st Grade ☐2nd Grade ☐3rd Grade ☐4th Grade ☐5th Grade
☐6th Grade ☐7th Grade ☐8th Grade ☐9th Grade ☐10th Grade ☐11th Grade ☐12th Grade

Full name of 2nd Student:

First _____ Middle _____ Last _____ Date of Birth _____ Sex: ☐M ☐F

Describe any physical or mental limitations the applicant may have: _____

Program for which you are applying: ☐Full Day ☐Core Curriculum ☐Home-School:

☐Kindergarten: ☐1st Grade ☐2nd Grade ☐3rd Grade ☐4th Grade ☐5th Grade
☐6th Grade ☐7th Grade ☐8th Grade ☐9th Grade ☐10th Grade ☐11th Grade ☐12th Grade

Full name of 3rd Student:

First _____ Middle _____ Last _____ Date of Birth _____ Sex: ☐M ☐F

Program for which you are applying: ☐Full Day ☐Core Curriculum ☐Home-School:

☐Kindergarten ☐1st Grade ☐2nd Grade ☐3rd Grade ☐4th Grade ☐5th Grade
☐6th Grade ☐7th Grade ☐8th Grade ☐9th Grade ☐10th Grade ☐11th Grade ☐12th Grade

Describe any physical or mental difficulties the applicant may have: _____

Full name of 4th Student:

First _____ Middle _____ Last _____ Date of Birth _____ Sex: ☐M ☐F

Program for which you are applying: ☐Full Day ☐Core Curriculum ☐Home-School:

☐Kindergarten: ☐1st Grade ☐2nd Grade ☐3rd Grade ☐4th Grade ☐5th Grade

☐6th Grade ☐7th Grade ☐8th Grade ☐9th Grade ☐10th Grade ☐11th Grade ☐12th Grade

Describe any physical or mental difficulties the applicant may have: _____

1st Student:

Former school attended: _____ Location: _____

References:

Religious: Minister, Elder, or teacher: _____
Name Telephone

School: Principal or teachers: _____
Name Telephone

2nd Student:

Former school attended: _____ Location: _____

References:

Religious: Minister, Elder, or teacher: _____
Name Telephone

School: Principal or teachers: _____
Name Telephone

3rd Student:

Former school attended: _____ Location: _____

References:

Religious: Minister, Elder, or teacher: _____
Name Telephone

School: Principal or teachers: _____
Name Telephone

4th Student:

Former school attended: _____ Location: _____

References:

Religious: Minister, Elder, or teacher: _____
Name Telephone

School: Principal or teachers: _____
Name Telephone

I will complete an Emergency Contact/Medical Information Card after enrolling and I agree that if the school is unable to reach the emergency contacts listed, the school is authorized to secure emergency medical care for the applicant. Initial Here: _____

I am interested in my child studying the Bible daily. If accepted, we will abide by all current and future policies and regulations of the school. We have read and understood all costs relating to tuition and fees as listed in the tuition schedule and agree to meet them. Initial Here: _____

I found out about Cornerstone from or was recommended by _____

Parent's signature: _____ Date: _____

Father's name: _____	Mother's name: _____
Preferred salutation: _____	Preferred salutation: _____
His occupation: _____	Her occupation: _____
His employer: _____	Her employer: _____
Father's church affiliation: _____	Mother's church affiliation: _____
Which congregation? _____	Which congregation? _____
Cell _____ e-mail _____	Cell _____ e-mail _____
Are the parents divorced? (Y) (N)	
Children (under 18) not in our school:	Grade:
_____	_____
_____	_____

Registration for students is \$ _____ Paid? Y N ☐ Check # _____ ☐ Cash, receipt # _____

Comments: _____

Statement of Nondiscrimination
**Brazos Valley Cornerstone Christian Academy does not discriminate against
 any person based on race, national or ethnic origin, or gender.**

Board of Directors:
Trey Marchbanks, Clay Bassham, Meridon Warden,
Joe Hays, and Marcia Crouch

Financial Agreement

_____ I authorize Cornerstone to automatically draft my bank account. (complete sections A & B)

_____ I do not authorize Cornerstone to automatically draft my bank account. (Complete section B only)

The first payment is due in August. Your payment will be by automatic draft through our bank account connecting electronically with your checking account. We will send the request for all money transfers on the 1st of the month, starting August 1. The money will be transferred on or about the 7th of each month.

For those who take advantage of the Extended Care Monthly, automatic draft may be applied. You may change this at any time provided you notify us on the 15th of the month prior to making the change.

A. AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I (we) _____ hereby authorize Cornerstone Christian Academy, to initiate credit entries from my (our) ☐ Checking / ☐ Savings Account (please select one) indicated below at our bank, named below, and to credit the same to Cornerstone's account for our child's tuition plus extended care listed below for the time listed near the 7th of every month.

I (we) acknowledge that the origination of ACH transactions for my (our) account must comply with the provisions of U.S. law.

Name of Bank: _____ Branch # _____ City: _____

State: _____ Zip Code: _____

Routing Number: _____ Account Number: _____

B. I understand that my total tuition is \$_____ and I choose to pay this amount in the span of ☐10 months ☐12 months. My total monthly payment will be _____ and my last month of payment will be _____. If there are changes to the amount above, then an additional sheet will be filled out and approved by the Administrator. This authorization is to remain in effect until Cornerstone Christian Academy has received written notification and authorization stating otherwise.

Alternate Payment Plan:

_____ Pay by the Year (Receive 5% discount)
_____ Pay by the Semester (Receive 4% discount)
_____ Pay by Other Method (Must be School Board Approved)

IF at any point payment becomes difficult, please call the office to set up an alternative payment plan, otherwise the delinquent policy will be applied.

Policy Agreement on Delinquent Tuition and Fees

(Payments are considered delinquent at 30 days)

If payment is not received by the next billing date, the following will occur.

- A delinquent payment charge of \$30.00 will be added to each billing cycle
- Student records, transcripts, or diplomas will be withheld
- Registration, including classes already attended will be cancelled

Date: _____ Signature: _____

Student Name(s) _____

Initials: _____ Date: _____

Tuition and Fees for 2026-2027
(Significant discounts for second child and early enrollment)

PLAN	STUDENTS	REGISTRATION FEE	MONTHLY TUITION	YEARLY TUITION
Plan I (Full Day)	Kindergarten	\$350	\$873.65 /10mo. \$728.05 /12mo.	\$8,736.55
	Grades 1-5		\$ 955.37 /10mo. \$ 796.14 / 12mo.	\$9,553.72
	Grades 6 - 12		\$984.21 / 10 mo. \$820.18 / 12 mo.	\$ 9,842.13
Plan II (Morning) Core Curriculum*	Morning Only (Kindergarten)	\$300	\$702.89 /10 mo. \$585.74 /12 mo.	\$7,028.89
Plan II (Morning) Core Curriculum*	Morning Only (Grades 1-5)	\$300	\$843.50 /10 mo. \$702.91 /12 mo.	\$8,434.91
Plan III (Per Class)	Home School 5 Days**	\$175	\$123.03/10 mo. \$102.52/12 mo.	\$1,230.26

~ To keep your costs low, tuition is paid year-round ~

* This price is for a 5-hour day.

** This price is for a 5-day week.

Individual programs vary in cost.

Extended Care Information and Registration

Please indicate # children and times below:

**Drop-in rate: \$7.50 hr. for 1 child.
\$2 an hr. for each additional child per family.**

Parent's Signature: _____ Date to begin: _____