

CALVARY CHAPEL ACADEMY

NEW STUDENT APPLICATION 2009-2010

STUDENT INFORMATION			
NAME (First, Middle, Last)			Grade Applying for in the Fall
NICKNAME (if different than above)	DOB	AGE	Gender (M/F)
PRIMARY PHONE (best way to reach you)		STUDENT'S BIRTHPLACE (City, State, Country)	
MAILING ADDRESS		CITY	STATE, ZIP
FAMILY STATUS			
FATHER'S NAME		MOTHER'S NAME	
ADDRESS (If different from applicant)		ADDRESS (If different from applicant)	
CITY	STATE, ZIP	CITY	STATE, ZIP
E-MAIL	OCCUPATION	E-MAIL	OCCUPATION
WORK PHONE	CELL PHONE	WORK PHONE	CELL PHONE
MARTIAL STATUS OF PARENTS (circle one) MARRIED SINGLE SEPARATED DIVORCED WIDOWED			
IF DIVORCED OR SEPARATED, WHO HAS LEGAL CUSTODY OF THE APPLICANT?			
WITH WHOM DOES THE APPLICANT LIVE? (Specify)			
CHURCH AFFILIATION			
DO YOU ATTEND CHURCH WEEKLY?		HOW MANY YEARS/MONTHS AT CURRENT CHURCH?	
NAME OF CHURCH		PASTOR	
SIBLING INFORMATION			
LIST ANY CHILDREN CURRENTLY <u>ATTENDING</u> CCA			GRADE
DO YOU HAVE ANY CHILDREN CURRENTLY <u>APPLYING</u> FOR CCA			GRADE
SCHOOL HISTORY (List all the schools your child has attended)			
SCHOOL NAME	ADDRESS	PHONE	GRADES ATTENDED
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SCHOOL NAME	ADDRESS	PHONE	GRADES ATTENDED
SCHOOL NAME	ADDRESS	PHONE	GRADES ATTENDED

SUPPLEMENTAL INFORMATION	
HAS YOUR CHILD BEEN TESTED FOR BEHAVIORAL, EMOTIONAL OR LEARNING PROBLEMS? (If yes, results must be submitted with the application)	YES NO
HAS YOUR CHILD EVER BEEN ENROLLED OR RECOMMENDED FOR ANY OF THE FOLLOWING SPECIAL CLASSES? (CIRCLE ONE) Gifted Learning Disability Speech Therapy Physically Disabled Other _____	
HAS YOUR CHILD HAD ANY PROBLEMS WITH DISCIPLINE IN A PREVIOUS SCHOOL? If yes, please explain	YES NO
DOES YOUR CHILD HAVE ANY TROUBLE WITH FINE OR GROSS MOTOR SKILLS? If yes, please explain	YES NO
IS IT DIFFICULT FOR YOUR CHILD TO FOLLOW DIRECTIONS? If yes, please explain	YES NO
HAS YOUR CHILD EVER REPEATED A GRADE? If yes, please explain	YES NO
HAS YOUR CHILD EVER BEEN SUSPENDED OR EXPELLED FROM ANY SCHOOL? If yes, please explain	YES NO
ARE THERE ANY UNUSUAL FACTORS IN YOUR CHILD'S LIFE AND/OR HOME SITUATION? If yes, please explain	YES NO
IS THERE A RESTRAINING/COURT ORDER THAT WE NEED TO BE AWARE OF? If yes, please explain	YES NO
HOW DOES YOUR CHILD FEEL ABOUT GOING TO SCHOOL?	
WHAT FORM OF DISCIPLINE DO YOU USE AT HOME?	
ARE YOU FINANCIALLY ABLE TO MEET THE MONTHLY TUITION REQUIREMENT?	
WHAT DO YOU SEE AS YOUR RESPONSIBILITY IN YOUR CHILD'S EDUCATION?	
IS THERE ANYTHING ELSE WE NEED TO KNOW ABOUT YOUR CHILD?	
AGREEMENT AND REQUIREMENTS FOR ADMISSION	
I have read and am fully aware of Calvary Chapel Academy's policy, which states that the Application Fee submitted with this application is NON-REFUNDABLE .	
I understand that all new enrollees must take an entrance exam	
FATHER'S SIGNATURE	DATE
MOTHER'S SIGNATURE	DATE



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CHURCH VERIFICATION

Section I: Parent/Guardian – Please complete Section I of this form before asking your pastor or a church leader to sign it and then return it with your Application for Registration.

Parent/Guardian Name(s) _____

Names of children applying to Calvary Chapel Academy:

Name of Church _____

Address _____ Zip _____

Church Telephone # () _____

Pastor's Name _____ Denomination _____

Do you attend this church on a weekly basis? ____ Yes ____ No

Length of time affiliated with your current church: _____ Years _____ Months

List any areas of ministry in which you are currently involved _____

Section II: To be signed by a pastor or ministry leader.

I verify that the information stated above is an accurate reflection of the applicant's current church attendance/involvement.

Pastor/Church Leader's Signature

Title

Comments (optional) _____

**Registration Application cannot be processed without receipt of this signed form.
To avoid a delay, please return this form with the Registration Application.**