

- 1. Date Appl. Recv'd _____
- 2. Registration Fee Received _____
- 3. Interview Date _____
- 4. References Checked _____
- 5. Vaccination records rec'd _____
- 6. Accepted _____ Denied _____

STUDENT APPLICATION

Calvary Christian Academy

Date _____

Name of Student _____ D.O.B. ____/____/____

Gender M F Social Security # _____ - _____ - _____ Grade Entering _____

Name of Student _____ D.O.B. ____/____/____

Gender M F Social Security # _____ - _____ - _____ Grade Entering _____

Name of Student _____ D.O.B. ____/____/____

Gender M F Social Security # _____ - _____ - _____ Grade Entering _____

Home Address _____

Mailing Address _____

Home Phone _____ E-Mail address _____

Father's Name _____ Business Phone _____

Place of Employment _____ Position _____

Mother's Name _____ Business Phone _____

Place of Employment _____ Position _____

1. Do you agree to have your children taught according to the Statement of Faith in the *Student Handbook*?
Yes _____ No _____

Are there any points in it which are inconsistent with your convictions? _____

If so please explain. _____

2. How did you hear about Calvary Christian Academy? _____

3. Why do you want your child to attend Calvary Christian Academy? _____

4. How do you think the parents should participate in the education of their children? _____

5. Is either parent, step-parent, or guardian opposed to a Christian education? _____ If so, please explain.

6. Family's Church: _____ Pastor _____

7. Calvary Christian Academy is greatly helped by parents who regularly and enthusiastically serve as volunteers. Would you be willing to volunteer in any of the following area? ___ fine arts, ___ fundraising, ___ secretarial, ___ sports, ___ classroom aide, ___ building maintenance, ___ subbing, ___ other _____

At which levels: _____ elementary _____ secondary _____ both.

How? _____

8. Please list the school last attended or presently attending (*if home schooled, please indicate under "Name of School"*).

a. Name of Student _____ Grade Completed _____

Name of School _____ Teacher _____

b. Name of Student _____ Grade Completed _____

Name of School _____ Teacher _____

Phone _____ City/State/Zip _____

c. Name of Student _____ Grade Completed _____

Name of School _____ Teacher _____

9. Calvary Christian Academy is not staffed to handle students with severe learning disabilities or those who have trouble behaviorally. For your child's best interest, please be candid when you answer the following questions. (If more than one child is applying, please consider each one when answering.) Further elaboration on your answers may take place during an interview.

a. Has the student ever been referred for testing or placed in a special program? Yes ___ No ___

If so, please explain. _____

b. Has the student received any other special help or tutoring? Yes ___ No ___

If so, please explain. _____

c. Has the student ever repeated a grade for any reason? ___ If so, which grade? _____

If so, please explain. _____

If so, please explain. _____

d. Has the student ever been suspended or expelled by a previous school? Yes ___ No ___

If so, please explain. _____

e. Has the student ever seen a counselor/doctor/psychiatrist for any type of social, behavioral, or mental problems? Yes ___ No ___ If so, briefly state the nature of the problem: _____

f. Has the student ever been examined or treated by a counselor/doctor/psychiatrist for hyperactivity or attention deficit disorder (ADD or ADHD)? Yes ___ No ___

g. Do you suspect or have you been told that your child might have dyslexia? Yes ___ No ___

h. Has the student ever been involved in legal problems or been arrested? Yes ___ No ___

10. Do you support the following aspects of the curriculum and school policies?

<i>Please circle: Y=Yes</i>				<i>N=No</i>	<i>Q=Qualified Answer</i>					
Discipline Policy	Y	N	Q		Scripture memorization (elementary)	Y	N	Q		
Required outside reading				Y	N	Q	Frequent memorization (elementary)	Y	N	Q
Latin	Y	N	Q				Learning Disability Policy	Y	N	Q
Uniform	Y	N	Q				Applied classical ed. philosophy	Y	N	Q

Qualifications, if any: _____

11. If a conflict arises between you (or your child) and the classroom teacher, an administrator, or the school board, would you be willing to follow the appropriate chain of command to resolve the problem, as described in the school handbook (in accordance with Matthew 18?) Yes____ No____

12. All tuition payments are due on the first day of each month. Upon acceptance, the first month's tuition and book fee for each enrolled child. These fees are non-refundable and must be paid before students are admitted.

*** TO MAKE THIS APPLICATION COMPLETE, PLEASE INCLUDE THE FOLLOWING:**

1. A \$25.00 non-refundable registration fee per family;
2. A copy of the most recent achievement / test scores, if available;
3. Report cards from the most recent quarter and the previous year, if available;
4. Vaccination record
5. Copy of birth certificate
6. CCA Student Interview Form (4th grade and up)

After the school receives the completed application and other required materials, we will contact you to arrange an interview at the school. Placement testing will occur in August, and the school will notify you of the dates.

All information will be kept confidential.

PARENTAL SIGNATURE

I certify that this application is correct and complete.

Date _____

Parent or Guardian _____

***Please Print and Sign**