



ADMISSION APPLICATION

OFFICE USE ONLY:

Date application received: _____

Registration Fee Paid: _____

Date interview completed: _____

Amount: _____ Date: _____

STUDENT(S) APPLYING:

Student's Full Name: _____ Gender: _____ Grade: _____ DOB: _____

Student's Full Name: _____ Gender: _____ Grade: _____ DOB: _____

Student's Full Name: _____ Gender: _____ Grade: _____ DOB: _____

CONTACT INFORMATION:

Father's Name: _____

Mother's Name: _____

Place of Employment: _____

Place of Employment: _____

Cell Phone: _____

Cell Phone: _____

Student's Home:

Address: _____ City/State/Zip: _____

Mailing Address (if different) _____

Parent(s) Home:

Address: _____ City/State/Zip: _____

Mailing Address (if different) _____

Secondary Address (if applicable) _____

Home Phone: _____ Email: _____

Additional Email: _____

Family's Church: _____ Pastor: _____

Education History:

Please list the school your child last attended or is currently attending:

Student: _____ School: _____ Teacher: _____

Student: _____ School: _____ Teacher: _____

Student: _____ School: _____ Teacher: _____

Has there been any time that the student has repeated a grade or been suspended or expelled? Yes No

Has the student ever seen anyone for any type of social, behavioral, or developmental problems? Yes No

Do you suspect or has the student been diagnosed with a learning disability, hyperactivity, etc.? Yes No

(If yes to any of the above, please write a description of the situation on the back of this page.)

Further Information:

How did you hear about Calvary Christian Academy?

What are you looking for most out of the Calvary Christian Academy experience for your student(s)?

What concerns do you have concerning enrolling your student into Calvary Christian Academy?



CONTACT AND MEDICAL FORM

EMERGENCY CONTACT

Please list up to four persons who could assume responsibility for your child if an emergency arises:

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

PICK UP

Please list the names and their relationship to the student of those who may pick up the student:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

MEDICAL

I give permission to Calvary Christian Academy and its administration to give the following medicine(s) to my child if it is needed during school hours (only Epi-pen and Benadryl is applicable to preschool age students).

Signature: _____ Date: _____

My child may take the following:

_____ Tylenol _____ Benedryl _____ Antacid

List any other medicine that you will allow to be given for medical emergency needs:

In case of emergency, I give any doctor, hospital, or medical facility permission to treat my child:

Child's Name: _____

Parent Signature: _____ Date: _____

Name of Insurance Company: _____

Name of Insured: _____

Policy Number: _____