



ENROLLMENT APPLICATION

CALVARY CHAPEL CHRISTIAN ACADEMY

PHONE (951) 818-3744

SCHOOL YEAR 2017 - 2018

Child's Legal Name: _____
First Middle Last

Sex: M F

Name To Be Used At School: _____

Birthdate: ____/____/____

Address: _____ e-mail address _____
Street City Zip Code

Current Grade Level: K 1 2 3 4 5

Grade Level In September:

Kinder 1 2 3 4 5 6

Father's Name: _____
First M.I. Last

Yes [] No []
In Home?

Mother's Name: _____
First M.I. Last

Yes [] No []
In Home?

Marital Status: () Married () Separated () Single
() Remarried () Divorced

Step-Parent/Guardian: _____ () _____
First M.I. Last Work Phone

Home Phone: _____

Mother's Work: () _____

Father's Work () _____

Names and ages of brothers and sisters:

Please describe your child's health (state any physical conditions)

FOR OFFICE USE ONLY

Application Date: _____

Time Received: _____

Fee Paid: _____

Withdrawal/Transfer Date: _____

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It is required that at least one parent of every student at Calvary Chapel Christian Academy be a practicing Christian and a participating member of a Bible teaching church. Are either you or your spouse a Christian and currently in regular attendance at a local church? Where?

NOTE: *Please ask your pastor, elder, deacon, or Sunday school teacher, or personal friend who has known you for a while, to complete the enclosed Character Reference and return it to the school office as soon as possible. This is a requirement for enrollment.*

1. Is your child a Christian? _____

2. Briefly describe how you and your child became Christians and how your faith has affected your lives.

3. What are your desires, spiritually and academically, for your child? _____

4. How do you anticipate Calvary Chapel Christian Academy will be able to help you achieve these desires?

5. Please list all schools your child previously attended. Please include school name, address, dates and grades attended.

<u>School Name</u>	<u>School Address</u>	<u>Grade(s)</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE ATTACH A COPY OF THE MOST RECENT REPORT CARD AND ANY TEST SCORES WHICH MIGHT BE HELPFUL IN DETERMINING GRADE PLACEMENT.

6. Has your child ever repeated a grade? If so, please explain. _____

7. Has your child ever experienced formal disciplinary action at previous schools? (i.e. Parent-Administrative Conferences, Suspension, Expulsion) Please explain:
8. Has your child ever been diagnosed as having any medical conditions or learning disabilities which would effect his/her ability to participate successfully in a regular classroom setting? If yes, please explain:
9. Please list any subjects in which your child has experienced difficulty.
10. Please explain any reasons for currently changing schools.
11. Please list the person responsible for payment of tuition and fees, if other than parent:

Name			Relationship	
Address	City	Zip	Home Phone	Work Phone

Note: All financial matters concerning your account will only be discussed with the parent(s)/person listed as the individual responsible for payment of fees. Thank you.

Please return to Calvary Chapel Christian Academy, 130 W. Chase Dr., Corona, CA 92882 - Attn: Registrar