## ENROLLMENT APPLICATION

**CALVARY CHAPEL CHRISTIAN ACADEMY**

### School Year 2018-2019

Child's Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F

First Middle Last

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes [ ] No [ ]

First M.I. Last In Home?

Mother's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes [ ] No [ ]

First M.I. Last In Home?

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

( ) Remarried ( ) Divorced

Step-Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First M.I. Last Work Phone

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Names and ages of brothers and sisters:

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

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# For Office Use Only

Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fee Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Withdrawal/Transfer Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CALVARY CHAPEL CHRISTIAN ACADEMY**

### School Year 2018-2019

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?

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**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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

School Name School Address Grade(s) Dates

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

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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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Has your child ever experienced formal disciplinary action at previous schools? (i.e. Parent-Administrative Conferences, Suspension, Expulsion) Please explain:

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8. Has your child ever been diagnosed as having any medical conditions or learning disabilities which would affect his/her ability to participate successfully in a regular classroom setting? If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. Please list any subjects in which your child has experienced difficulty.

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10. Please explain any reasons for currently changing schools. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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