



# ENROLLMENT APPLICATION

## CALVARY CHAPEL CHRISTIAN ACADEMY

School Year 2019-2020

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: \_\_\_\_\_ Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

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

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

Names and ages of brothers and sisters:  
\_\_\_\_\_

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 2019-2020

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.

<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. \_\_\_\_\_

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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