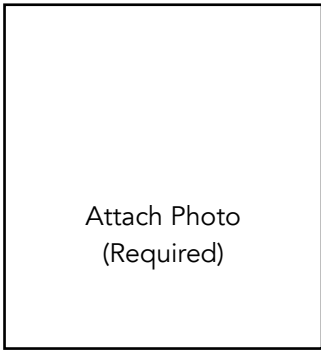




Calvary Christian Academy

Application For Enrollment



For academic year beginning August _____ Today's Date _____

Applying for grade _____

Student's Name _____

First

Middle

Last

Date of Birth _____ Place of Birth _____ Male Female

Mailing Address _____

Street

City

State

Zip Code

Student's Home Phone _____

Student's First Language _____ Other Language(s) _____

Father's Full Name _____ Father's Email _____

Father's Home Phone _____ Father's Cell Phone _____

Address (if different from above) _____

Employer _____

Name

Address

Phone

Mother's Full Name _____ Mother's Email _____

Mother's Home Phone _____ Mother's Cell Phone _____

Address (if different from above) _____

Employer _____

Name

Address

Phone

Siblings

Name Gender Birth Date Grade School

Name Gender Birth Date Grade School

Name Gender Birth Date Grade School

Name Gender Birth Date Grade School

Student Lives With (check all that apply): _____ Father _____ Mother _____ Stepfather _____ Stepmother _____

Other _____

Name / Relationship

Previous School(s) Attended (begin with the most recent):

Name	Address	Phone

May we contact the above school(s) for official transcripts and records? Yes____ No_____

Intentions for Enrollment: I intend for my child to complete the following program(s) at Calvary Christian Academy:

<input type="checkbox"/> Elementary School	<input type="checkbox"/> Middle School	<input type="checkbox"/> High School	<input type="checkbox"/> Home School
<input type="checkbox"/> K-5 th Grades	<input type="checkbox"/> 6 th -8 th Grades	<input type="checkbox"/> 9 th -12 th Grades	<input type="checkbox"/> 2 nd -12 th Grades

Student Profile (to be completed by parent or guardian)

Why do you desire for your child to attend Calvary Christian Academy?

What phrases come to mind when describing your child?

Please describe your child's greatest strengths, both cognitive and social:

Please describe any behavioral, social and/or cognitive special needs of your child:

Does your child have any diagnosed learning disabilities? Yes ____ No ____

Has your child been enrolled in a special education program? Yes ____ No ____

If so, do they have an Individual Education Plan? Yes ____ No ____

Describe the remedial program/actions being taken:

Has your child ever been suspended from school or subject to any other serious disciplinary actions?

No _____ Yes _____ If yes, please explain: _____

Please describe your child's interests, including extra-curricular activities:

Does your family attend Calvary Chapel San Jose? Yes _____ No _____

Please describe your family's church affiliation/involvement:

Please share any major events that have occurred during your child's life that Calvary Christian Academy should be aware of (relocation, death in the family, major illness, divorce, etc.):

Calvary Christian Academy is a Christ-centered, non-denominational school that encourages and prepares its students to grow in their personal faith in Jesus Christ, to pursue higher education, and to serve the Lord, their families, and their community. Calvary Christian Academy believes that the spiritual growth of its students gives meaning to all their intellectual and physical endeavors. By signing below, I fully acknowledge and understand that my child will be taught spiritual truths in accordance with Scripture at Calvary Christian Academy.

All applications must be accompanied by a non-refundable check, payable to Calvary Christian Academy. Upon receipt of this application, all materials, documents, and files comprising the applicant folder become the property of Calvary Christian Academy. I understand that submitting this application does not guarantee my child's admission to Calvary Christian Academy. I understand that enrollment in Calvary Christian Academy Preschool Program does not in any way promise or guarantee admission to Calvary Christian Academy Grades K-12.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

