



CALVARY
CHRISTIAN ACADEMY

Date of Application: _____

School Year: _____

Entering Grade: _____

Elementary Student Information Form

Student's Legal Name: _____

Student's Place of Birth: _____ Is student a US Citizen? _____

Name of Sibling(s): _____

In order to comply with IRS regulations and accreditation requirements, we have included the following optional question:

- How would you describe the student? African African-American Asian Asian-American
 Caucasian Hispanic/Latino Middle-Eastern or South-West Asian
 Multi-racial, please specify: _____ Native American, please specify: _____

What is your child's attitude toward attending CCA? _____

Describe how you perceive your child's spiritual life: _____

Describe your child's opinion of himself or herself, as you see it. Include the strengths of that self-image and describe any areas where we could be of help: _____

How does your child relate to the other members of your family? For instance, are there brothers or sisters, grandparents, or stepparents at home? Please mention those relationships or circumstances that are important to help us understand your child.

Describe your child's response to authority: _____

Has your child, to your knowledge, been involved with alcohol, drugs, tobacco, cheating, stealing, or sexual immorality? _____

Has your child ever received counseling or testing for behavioral, emotional, discipline, or learning problems? _____

If yes, please describe: _____

Are there any unusual factors in your child's life and/or home situation? _____No _____Yes If yes, please explain:

If you would rather describe this situation during a personal interview, please check here.

School History

If this is your child's first school experience, please check here.

Previous Schools Attended

School Name	Address	Telephone #	Grades Attended	Year

Please give full details to any "yes" answer below including the principal's name, the date of the incident, the address of the school, and the grade in which the incident occurred. Use a separate sheet of paper if necessary.

Have you ever applied for admission to Calvary Christian Academy before? No Yes

If yes, when? _____

Why are you leaving your present school? _____

Has your child ever repeated a grade? _____No _____Yes

If yes, please explain: _____

Has your child been suspended or expelled from any school? _____No _____Yes

If yes, please explain and provide the name of the school and principal: _____

Has your child ever received a detention? _____No _____Yes

If yes, please explain: _____

Has your child ever been tested for or enrolled in any of the following?

____ Gifted ____ Learning Disability ____ Speech Therapy ____ Physically Handicapped ____ Attention Deficit
____ Other (_____)

Foreign Language

Has the student ever studied a foreign language? No Yes If yes, what language and for how many years? _____

Is the student fluent in another language? No Yes If yes, what language? _____

Does the student read and write in this language? No Yes

Emergency and Medical Information

Student's Full Legal Name: _____ Student's Date of Birth: _____

Does your child have any allergies or other health conditions? _____No _____Yes

If yes, please describe: _____

Does your child have any physical handicaps or other conditions that might affect his or her school work, including physical education? _____No _____Yes

If yes, please describe: _____

Does your child have any evidence of hearing or vision difficulties? _____No _____Yes

If yes, please describe: _____

Does your child currently take prescription medications? _____No _____Yes

If yes, please name the medications: _____

Will these be administered during school hours? _____No _____Yes

Family Doctor: _____

Phone: _____

Preferred Hospital: _____

Health Insurance Company: _____

Special Needs Identification

Student: _____
(please print)

Grade: _____

Date: _____

Calvary Christian Academy knows it is in the best interests of your child that we know as much about school related needs as possible. **Please identify any special medical, behavioral, or educational needs that your child may have.** List need(s); if none, write NONE:

Please sign form at bottom (If you listed a need)

If a professional evaluation of your child's needs has been completed within the last three years, please provide our Guidance Office with a copy. As we try to gather information on your child it is often helpful to communicate with the professionals that have worked with your child in the past. Please sign below to give your consent for us to communicate with them.

I, _____, the _____
(Name of mother, father, or guardian) (mother, father, guardian)

of _____
(Name of student)

give my permission for the Calvary Christian Academy staff to consult with my child's previous school(s), physician(s), counselor(s), psychologist(s), agency personnel, or other professional(s) on the phone and/or in writing in regard to the above named student. Permission is also given for the above mentioned professionals to share information with school personnel.

Please provide us with the name(s) and number(s) of any professional(s) that will be able to give us information on your child's needs including the phone number and contact of the previous school.

Previous School Contact

Number

Contact

Number

Contact

Number

PARENT SIGNATURE

Calvary Christian Academy makes no promise or commitment to remediate or address a special need. We will, however, look at each situation and make accommodations and provide assistance when we are able.

Parent Information

Mother's name: _____

Father's name: _____

Mother's SSN: _____

Father's SSN: _____

Mother's Occupation: _____

Father's Occupation: _____

Mother's Employer: _____

Father's Employer: _____

Mother's Work Phone: _____

Father's Work Phone: _____

Mother's Cell Phone: _____

Father's Cell Phone: _____

Natural parents are:

Married Not Married Separated Legally Divorced Natural Mother Deceased Natural Father Deceased

Child Custody

If parents are divorced or separated, who has legal custody of the child? _____

Is either parent forbidden by court order from having equal access to the child or the school records?
(Copies of legal documents should accompany this application.)

If yes, name of legal guardian if other than parent: _____
(Written documentation is required prior to enrollment.)

If student does not live with natural father and mother, please indicate with whom the student lives:

Natural mother only Natural father only Natural mother and stepfather Natural father and stepmother Guardian

Stepparent's Name: _____ Occupation: _____

Address: _____

Work Phone: _____

Cell Number: _____

Please list all persons living in the home with the child and their relationship to the child:

Name

Relationship to Student



To be submitted to your child's teacher and returned to:

Admissions Department
 Calvary Christian Academy
 2401 West Cypress Creek Road
 Fort Lauderdale, FL 33309
 Phone: 954-905-5100 FAX: 954-556-4664

Elementary School Reference Form

This is an official request for a school reference for the student named below. The parent's signature on this form authorizes you to send the requested information to Calvary Christian Academy. Please return this form to the address above.

Student : _____ Applying for Grade: _____

Parent's Signature: _____ Date: _____

Your candid estimate of the applicant will be of invaluable assistance to the Admissions Office and your comments will be held in strict confidence. Please rate the applicant by circling the appropriate quality in each area.

Adjustment to new situations	Unable to transition	With difficulty	Transitions with coaxing	With some caution	Easily and consistently
Appropriate maturity for age	Lacks maturity	Slightly immature	On target	Above average	Very mature
Shows self-confidence	Shy and withdrawn	Shy	Shy but confident	Confident	Bold and confident
Shows respect for adults	Always disrespectful	Usually disrespectful	Occasionally disrespectful	Usually respectful	Always respectful
Enters into play with others	Rarely	With encouragement	Average	Usually	Easily
Carries out responsibility	Unreliable	Somewhat dependable	Usually dependable	Conscientious	Assumes much responsibility
Interaction with others	Poor/unhealthy/unskilled	Some difficulty	Average	Respected and liked	Highly respected and well liked
Response to discipline	With anger and resentment	Apathetic	Cooperative	Repentant	Always repentant
Follows direction	Hardly ever	With correction	Occasionally	Usually	Always
Listens attentively	Hardly ever	With correction	Occasionally	Usually	Always
Finishes work consistently	Seldom works, even under pressure	Needs constant prodding	Occasional prodding	Completes assignments	Seeks additional work
Completes assigned homework on time	Assignments usually missing	Assignments frequently missing	Usually on time	Consistently on time	Always on time
Fine motor skills	Significantly below average	Somewhat below average	Average	Somewhat above average	Significantly above average
Gross motor skills	Unsatisfactory	Below average	Average	Above average	Excellent
Visual motor skills	Unsatisfactory	Below average	Average	Above average	Excellent

Teacher's Comments:

I recommend this student as ready for the grade level for which they are applying. Please check one:

Yes _____ No _____ With Some Reservations _____

For Private Schools Only

The parents meet their financial responsibilities:

always on time usually on time often late consistently late

The family is leaving your school with:

a clear, up-to-date account an unpaid balance

Name of Teacher _____ Name of School _____

School Address _____

Subject Area or Grade Taught _____

Signature of Teacher _____ Phone Number _____ Date Completed _____

Please check here if you would like our Admissions Coordinator or School Principal to call you regarding this recommendation: _____

Thank you for your time! Please return this form to the address at the top of this page.

Calvary Christian Academy admits students of any race, color, and national or ethnic origin.