



**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:

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**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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_