



Date of Application: _____

School Year: _____

Entering Grade: _____

Secondary 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.

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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? _____

Did the student receive high school credit? No Yes _____

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

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

Advanced Classes

Please list any completed advanced or honor classes:

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

Middle School and High School Student Questionnaire

(To be completed **by the student** in complete sentences)

Name: _____ Grade applying for: _____

Please tell us about how and when you came to know the Lord Jesus as your personal savior:

Describe your devotional life:

How do you honestly feel about leaving your current school and attending Calvary Christian Academy?

What are your extra-curricular activities?

How would your friends describe you?

How is your life different from non-Christian students your age?

What things in your life would reveal that you are a believer?

If a friend were to ask you why you believe or why you are a Christian, how would you respond?

Is there something that you have prayed about and seen God answer lately?

From the Parent/Student Handbook:

...Calvary Christian Academy is firmly committed to providing a school environment in which the student's and staff's attitudes, speech and actions are consistent with the love, wisdom and teachings of Jesus Christ.

As iron sharpens iron, so one man sharpens another.
(Proverbs 27:17 NIV)

Calvary Christian Academy is a school where each secondary school student should demonstrate his or her desire to walk in Christ and point others in His direction...

Student Commitment:

I understand the expectations of secondary school students of Calvary Christian Academy as outlined above and I feel that those expectations represent who I am and what I want to be as a believer in Christ.

Student's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____



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

Confidential Teacher Recommendation Form
Math Teacher Grades 6-12

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.

Academic Ability	Exceptional	Above Average	Average	Below average	Significantly below average	Unknown
Initiative, Drive	Outstanding, resourceful	Well above average	Generally strong	Occasionally weak	Very weak	Unknown
Leadership	Outstanding, top positions	Above average, growth potential	Capable, minor positions	No sign of leadership/ involvement	Record of irresponsibility	Unknown
Homework Responsibility	Always in on time	Consistently in on time	Usually in on time	Frequently missing	Record of irresponsibility	Unknown
Interest in Non-Academic Activities	Outstanding	Well balanced	Active	Minor participation	No participation	Unknown
Behavior & Attitude	Outstanding	Above average	Average	Below average	Poor	Unknown
Peer Relationships	Highly respected, well liked	Respected, liked	Average	Some difficulty	Unskilled relationally	Unknown
Emotional Stability	Extremely well balanced	Well balanced	Usually no problems	Some problems	Many problems	Unknown
Respect for Authority	Outstanding	Above average	Average	Below average	Poor	Unknown
Honesty/Dependability	Outstanding	Above average	Average	Below average	Poor	Unknown
Attendance	Outstanding	Above average	Average	Below average	Poor	Unknown
Computational Skills	Outstanding	Above average	Average	Below average	Poor	Unknown
Math Reasoning	Outstanding	Above average	Average	Below average	Poor	Unknown

Please comment as to why you would recommend this student for enrollment at Calvary Christian Academy.

Name of Teacher _____ Name of School _____

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.



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Confidential Teacher Recommendation Form
English Teacher Grades 6-12

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.

Academic Ability	Exceptional	Above Average	Average	Below average	Significantly below average	Unknown
Initiative, Drive	Outstanding, resourceful	Well above average	Generally strong	Occasionally weak	Very weak	Unknown
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Computational Skills	Outstanding	Above average	Average	Below average	Poor	Unknown
Math Reasoning	Outstanding	Above average	Average	Below average	Poor	Unknown

Please comment as to why you would recommend this student for enrollment at Calvary Christian Academy.

Name of Teacher _____ Name of School _____

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.

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Youth Ministry Reference Form
Youth Ministry Grades 6-12

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 Phone: 954-905-5100 FAX: 954-556-4664

To be completed by a youth pastor or a person in youth leadership who is familiar with the student and returned directly to the address above.

Student : _____ Applying for Grade: _____

Parent's Name: _____ Date: _____

The student, named above, is seeking admission to Calvary Christian Academy. Calvary Christian Academy exists to make disciples of Jesus Christ through a biblical school environment that prepares students to glorify God spiritually, academically, and socially. We seek to create a healthy school setting in which students, parents, and teachers work together to accomplish this goal. Therefore, it is very important for us to properly evaluate each family as part of our admissions process.

I know this student: very well well somewhat by sight not at all

I have known this student for _____ years or _____ months.

	Not Observed	Weak	Fair	Very Good	Outstanding
Personal commitment/devotion to Jesus Christ					
Has a good working knowledge of the Bible					
Life reflects Christian ethics					
Has initiative for involvement					
Exhibits control over emotions					
Actively extends Christ's love to others					
Has a great desire to learn and grow spiritually					
Deals with conflict in a biblical manner					
Exhibits respect for authority					
Regularly attends church service					
Is a good influence on others					
Exhibits self-discipline					

Please comment on any "weak" or "fair" categories above:

How would you describe the parent/child relationship in this family?

Is there anything special about this student or the family that you would like to share with us?

Is there any additional information you can share to help us to better know this student or family?

Are there any concerns regarding this family or student of which you can make us aware?

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

Signature: _____

Position: _____

Printed Name: _____

Phone Number: _____

Church: _____

Phone Number: _____

Date Completed: _____

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