



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.

S2 Student Information

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
