

Calvary Christian Academy

Student Application – Web Download

Instructions for completing this form

IMPORTANT – READ THIS FIRST

The application form must be printed. If you do not have the ability to print from the computer where you are viewing this document you must obtain a preprinted application from the school. You may pick one up in person or call and request one be mailed to you. If you **do** have a printer please continue with the following instructions.

TO FILL THIS FORM OUT BY HAND simply print the form then fill in blanks with a blue or black ink pen. 'Yes', 'No', or other enumerated items can be marked with a check mark or an 'X'. All date fields should be entered in standard American 'MM/DD/YYYY' format (example: 05/17/2006).

TO FILL OUT THIS FORM USING YOUR COMPUTER click on the first blank line at the top of the first page. A blinking cursor should appear indicating you can type information on that line. After entering information in a field you can advance to the next field by pressing the 'Tab' key or by clicking on the next field using the mouse. When you have filled in all the blanks, print the form. Sign and date all the signature lines. Mail or deliver the completed form to the school. Because of the number of pages two or more postage stamps will be required. If your printer is capable of double-sided printing you may use that feature to reduce pages, thereby reducing postage. This instruction page does not need to be sent with your application. Use the following address for mailing:

Calvary Christian Academy
ADMISSIONS DEPARTMENT
1401 Oakhurst Scenic Drive
Fort Worth, TX 76111

NOTE ON USING ADOBE ACROBAT READER TO COMPLETE THE FORM: You cannot save the data you enter in the fields if you are using the free Acrobat Reader. You must complete and print the form. The data you type will be lost when you close Acrobat Reader. If you have the full version of Acrobat, either Professional or Standard, you can save the data you enter into a file.

Thank you for considering Calvary Christian Academy for the academic and spiritual education of your child. For help call (817) 332-3351.

This page intentionally left blank



Calvary Christian Academy

1401 Oakhurst Scenic Drive

Fort Worth, TX 76111

Phone (817) 332-3351, FAX (817) 332-4621, www.calvaryacademy.com

STUDENT APPLICATION

For school year 20__ - 20__

Today's date ___/___/___

Student grade level _____

Student Information

Name (last) _____ (first) _____ (mid) _____

Address _____

City _____ State _____ ZIP _____

Home Telephone (_____) _____

May we publish the above number in our Student Directory? YES ___ NO ___

Email Address _____ @ _____

Birth Date ___/___/___ Age _____ Gender: Male ___ Female ___

Social Security Number _____ - _____ - _____

Previous School Information

School Last Attended _____

Address _____

City _____ State _____ ZIP _____

IMPORTANT - A note about email

Email is the primary medium for distribution of school information for enrolled students and families. This includes announcements, student progress reports, and teacher communications. An active email account also enables families to have web access to classroom information, lesson plans, homework assignments, grades, financial data and more. Our system allows for addresses for each student and each person listed in family records. Also, each family can have a general family address. All email addresses are kept confidential and are NEVER shared with anyone outside Calvary Christian Academy. Information about web services is available upon request.

Family Information – Parent/Guardian

Relationship to student: Father _____ Step-Father _____ Mother _____ Step-Mother _____

Other _____ explain _____

Is the following person the primary legal guardian of this student? YES _____ NO _____

Is the following person financially responsible for school fees for this student? YES _____ NO _____

If 'YES' to the above indicate the percentage of responsibility: _____ %

Name (last) _____ (first) _____ (mid) _____

Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Pager (_____) _____ Email _____ @ _____

Employer _____ Work Phone (_____) _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widow(er) _____

Family Information – Parent/Guardian

Relationship to student: Father _____ Step-Father _____ Mother _____ Step-Mother _____

Other _____ explain _____

Is the following person the primary legal guardian of this student? YES _____ NO _____

Is the following person financially responsible for school fees for this student? YES _____ NO _____

If 'YES' to the above indicate the percentage of responsibility: _____ %

Name (last) _____ (first) _____ (mid) _____

Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Pager (_____) _____ Email _____ @ _____

Employer _____ Work Phone (_____) _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widow(er) _____

Family Information – Parent/Guardian

Relationship to student: Father _____ Step-Father _____ Mother _____ Step-Mother _____

Other _____ explain _____

Is the following person the primary legal guardian of this student? YES _____ NO _____

Is the following person financially responsible for school fees for this student? YES _____ NO _____

If 'YES' to the above indicate the percentage of responsibility: _____ %

Name (last) _____ (first) _____ (mid) _____

Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Pager (_____) _____ Email _____ @ _____

Employer _____ Work Phone (_____) _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widow(er) _____

Family Information – Parent/Guardian

Relationship to student: Father _____ Step-Father _____ Mother _____ Step-Mother _____

Other _____ explain _____

Is the following person the primary legal guardian of this student? YES _____ NO _____

Is the following person financially responsible for school fees for this student? YES _____ NO _____

If 'YES' to the above indicate the percentage of responsibility: _____ %

Name (last) _____ (first) _____ (mid) _____

Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Pager (_____) _____ Email _____ @ _____

Employer _____ Work Phone (_____) _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widow(er) _____

Additional Family Information

If we are unable to reach a parent or guardian please list another person or persons we may call. Please indicate if each person has permission to pick up the student from school.

Name _____ Relationship _____

Phone Number (_____) _____ Pick Up _____ NO Pick Up _____

Driver's License # _____ State _____

Name _____ Relationship _____

Phone Number (_____) _____ Pick Up _____ NO Pick Up _____

Driver's License # _____ State _____

Name _____ Relationship _____

Phone Number (_____) _____ Pick Up _____ NO Pick Up _____

Driver's License # _____ State _____

Other school age children in your family that are not applying:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Reason these children are not applying:

Church Information

Church Attended _____

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____ Pastor/Minister _____

Are you a Christian?

Father: YES ___ NO ___

Step-Father: YES ___ NO ___

Mother: YES ___ NO ___

Step Mother: YES ___ NO ___

Other as listed above (explain) _____ : YES ___ NO ___

Other as listed above (explain) _____ : YES ___ NO ___

Has the applicant (student) ever made a profession of faith in Christ?

YES ___ NO ___

Medical Information

Applicant's primary physician _____

Physician's phone number (_____) _____

Does the applicant have any known physical problems, allergies, etc.? YES ___ NO ___

If 'Yes' please describe: _____

Is applicant current on all immunizations? YES ___ NO ___ NOT SURE ___

Preferred hospital if emergency _____

Insurance _____ Phone (_____) _____

Group # _____ Policy # _____

Scholastic Information

Has your child (applicant) ever been expelled, dismissed, suspended, or refused admission to another school? ----- YES ___ NO ___

If 'Yes' explain: _____

Has your child ever had any disciplinary difficulties? ----- YES ___ NO ___

If 'Yes' explain: _____

Has your child ever been in trouble with the law, arrested, etc.? ---- YES ___ NO ___

If 'Yes' explain: _____

Has your child ever used tobacco or illegal drugs of any kind? ----- YES ___ NO ___

If 'Yes' explain: _____

Please indicate the academic level of your child's previous school work:

Excellent ___ Good ___ Average ___ Poor ___

Other Information

How did you hear about this school?

Reason for selecting this school: _____

STATEMENT OF AGREEMENT & COOPERATION

I agree to insist that my child submit to the academic and disciplinary regulations, and all other requirements instituted by the administration and carried out by the principal and faculty of Calvary Christian Academy.

In making application for my child, it is my desire to have him/her complete the school year 20__ to 20__. Also, I give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.

In addition, I give permission for my child's picture to be used in any school publications, advertisements, and the Calvary Christian Academy website.

_____/_____/_____
Parent's Signature Date

AGREEMENT ON DISCIPLINE

I recognize that Calvary Christian Academy has a highly qualified trained staff and have confidence in their ability to perform the educational function due my child at their discretion.

I realize that from time to time children take issue with actions that they do not agree with and they are prone to criticize statements out of context. Should such occur, I will not support the criticism. I will correct my child, support the school personnel, and call in for full details at any time I have a question concerning an incident.

I further realize that building strong relations with my child's teacher to aid in the training of my child is as much my responsibility as it is the school's, and that I will pray for the staff and program, cooperate with them in discipline, lay a spiritual foundation through Godly example in the home, follow through with any work, assignments or slips to be signed, see that the children reach school on time, and attend all parent functions.

_____/_____/_____
Parent's Signature Date

_____/_____/_____
Student's Signature Date

FOR GRADES 6-12 ONLY:

Calvary Christian Academy Code of Honor Pledge

In signing the Code of Honor Pledge, I fully recognize that Calvary Christian Academy was founded to be and is committed to being a Christian institution. Calvary Christian Academy espouses living a Christian life in and out of school; therefore, we ask that all students pledge to agree to the following:

- **I pledge** to give myself to intellectual pursuits and to use the full powers of my mind for the glory of God.
- **I pledge** to do individual work without assistance on all tests and assignments requiring individual preparation. I will not cheat or plagiarize.
- **I pledge** to be truthful in all dealings with faculty and administration.
- **I pledge** not to use curse or use crude or offensive language.
- **I pledge** not to steal, lie, or be a talebearer.
- **I pledge** to use technology for academic and legitimate school purposes only.
- **I pledge** to remain sexually pure realizing that sex outside of marriage is a sin.
- **I pledge** to dress modestly and honor God in my dress at school and school sponsored activities.
- **I pledge** to refrain from the use of alcohol, drugs and tobacco.
- **I pledge** to obey the administration, faculty and support staff of CCA.
- **I pledge** to remain open to God and allow Him to work in my life.
- **I pledge** to abide by the rules and regulations that are set before me in the student handbook.

Student's Signature

Date

FOR SCHOOL USE ONLY:

INTERVIEWED BY _____ **DATE** _____

_____ **ADMITTED FOR ENROLLEMNT**

_____ **HELD FOR POSSIBLE ENROLLMENT UNTIL** _____

_____ **RECEIVED TEACHER EVALUATIONS**

_____ **RECEIVED PRINCIPAL/COUNSELOR EVALUATION**

_____ **PAID REGISTRATION FEE**