



Calvary Chapel Academy Student Registration 2023-2024 - Siblings

Application Date: _____

Applying for Grade: _____

Family Information

Student's Full Name: _____

Name Student prefers: _____

Address: _____ Apt. No: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

DOB: ____/____/____ Age: _____ Gender: Male ____ Female ____

S.S. number: _____ - _____ - _____ Birthplace _____

Please check all that apply for child:

- | | | |
|--|---|--|
| <input type="checkbox"/> Lives with both parents | <input type="checkbox"/> Lives with guardian(s) | <input type="checkbox"/> Mother deceased |
| <input type="checkbox"/> Lives with mother | <input type="checkbox"/> Parents are separated | <input type="checkbox"/> Father deceased |
| <input type="checkbox"/> Lives with father | <input type="checkbox"/> Parents are divorced | <input type="checkbox"/> Other |

Medical Information

Is the student covered by health insurance? Yes No

Name: _____ Phone #: _____

Insurance Co: _____ Policy #: _____

Does the student have any mental, emotional, or physical handicaps which may affect his activities or progress, or that for any reason should be known by his teacher?

Is the student currently taking any medication? Yes (Please list) No

Any known Allergies or other medical or drug-related limitations:

With whom does the child reside during the school year? If applicable, explain custody arrangements:

Are there any restraining orders? Yes No

To whom should school correspondence be sent? _____

Name of person responsible for tuition: _____

If responsible party is different from a parent/ guardian, please provide address and phone #.

Are both parents in agreement on enrolling their child in CCA? Yes No

Did the family of a current student refer you to our school? Yes No

If yes, please give us their name: _____

Is the student a follower of Jesus Christ? Yes No

Is there anything beneficial the school staff should know about your child and/or family? _____

Activity Permission

I agree to allow _____
to participate in all school activities including school-sponsored trips away from the school premises, and as consideration for the benefits derived, I absolve the school and all its representatives and agents from liability to me or my child because of injury to my child at school or during any school activity. I further authorize the school to secure necessary medical attention for my child in the event of any injury at school or on a school-sponsored trip away from the school.

Educational Background

School previously attended: _____ Dates: _____

Reason for leaving: _____

Other school attended: _____ Dates: _____

Reason for leaving: _____

Last year's grade assignment: _____ Was the grade completed? Yes No

If no, explain: _____

Has the student ever been identified as having a learning disability? Yes No

If yes, explain: _____

Does an outstanding tuition balance exist with any other schools? Yes No

If yes, explain: _____

Has the student repeated a grade? Yes No

If yes, explain: _____

Has the student ever had discipline problems in a previous school? Yes No

If yes, explain: _____

Has the student ever been suspended, expelled, or asked to withdraw? Yes No

If yes, explain: _____

Calvary Chapel Academy has high standards of behavior and academics. We hold that poor student behavior can generally be corrected in the home; and we do not have the ability to assist children with serious learning challenges. Given this, do you feel that your student will succeed at Calvary Chapel Academy?

Please circle: YES or NO

Student Writing

Students (grade 2-6) write in your own words what Jesus means to you...

Students (grade 2-6) write in your own words why you want to attend CCA...
