

CALVARY CHAPEL CHRISTIAN SCHOOL

Application for Admission

A. STUDENT INFORMATION				
Name of Student (Last, First, Middle Initials)		Social Security No.	Grade Entering	No. of Siblings To Be Enrolled at CCCS:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age	Name of Parent(s)/Guardian(s) to whom correspondence reports, etc. are to be sent (First, Middle Initial, Last):	
Student is living with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (Please explain)				
B. PARENT INFORMATION				
Father's Information			Mother's Information	
Father's Name			Mother's Name	
Date of Birth	Social Security Number		Date of Birth	Social Security Number
Work Phone	Occupation		Work Phone	Occupation
Employer			Employer	
Employer's Address (Include Zip Code)			Employer's Address (Include Zip Code)	
If Self-Employed, Type of Business			If Self-Employed, Type of Business	
Home Address			Home Address	
City/State		Zip Code	City/State	
Home Phone-Including Area Code		Cell Phone-Including Area Code	Home Phone-Including Area Code	
E-Mail Address		E-Mail Address		
D. CHURCH INFORMATION				
Name of Church		Address		City, State, Zip
Telephone-Including Area Code		Name of Pastor		Denomination
Church Attendance: Father <input type="checkbox"/> Regular <input type="checkbox"/> Occasional <input type="checkbox"/> Seldom <input type="checkbox"/> Never Mother <input type="checkbox"/> Regular <input type="checkbox"/> Occasional <input type="checkbox"/> Seldom <input type="checkbox"/> Never Child <input type="checkbox"/> Regular <input type="checkbox"/> Occasional <input type="checkbox"/> Seldom <input type="checkbox"/> Never				

D. ACADEMIC INFORMATION

School Last Attended

School Address

City/State

Zip Code

School Telephone-Include Area Code

E-Mail Address

Current Grade

Principal's Name

Counselor's Name

Has your child ever attended a Christian School? If so, where and the grade(s) attended:

Has your child had problems in school with regard to:

() Social Adjustment () Discipline () Academics () Other Areas

If yes, please explain:

Ever tested for learning disabilities? () Yes () No

If yes, please explain:

E. GENERAL INFORMATION

How did you hear about this school?

Reason for selecting this school?

Father/Guardian Signature: _____

Date: _____

Mother/Guardian Signature: _____

Date: _____