



Calvary Chapel Academy

175 Market Street, P. O. Box 409, Rockland, MA 02370 / (781) 871-1043

Referred By: _____

For office use only
Date received _____
Amount \$ _____
Fee: ck# _____ cash _____

Junior and Senior High School New Student Application for 2019-2020

Today's Date: _____

STUDENT INFORMATION

Name: _____

First

Middle

Last

Applying for Grade: _____

Age: _____ Date of Birth: ____/____/____

Gender: Male Female

Address: _____ Apt.#: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____

Primary Email Address: _____

Student lives with: (Mr. & Mrs. etc.) _____

Relationship Parents Other: _____

PARENT/GUARDIAN INFORMATION

Married Separated Divorced Single Mother deceased

Father deceased Both parents deceased Remarried (1 step parent)

Other(explain): _____

Father/Guardian: _____

First

Middle

Last

Occupation: _____ Employer: _____

Work Phone: (____) _____ ext: _____

Cell Phone: (____) _____

Email Address: _____

Mother: _____

First

Middle

Last

Occupation: _____ Employer: _____

Work Phone: (____) _____ ext: _____

Cell Phone: (____) _____

Email Address: _____

EDUCATION BACKGROUND

Student Name _____ Goes by: _____
Present grade level _____

List the school that your child is presently attending in line 1 and use line 2 for any other previous school.

School Name	Address	Grade
1.		
2.		

If your child is currently being home-schooled, please provide the name of any person or organization that is being used to evaluate your child: _____

Has your child ever repeated a grade? Yes No If yes, please describe the circumstances: _____

Has your child ever been considered for any type of special needs or accelerated learning class?
Yes No If yes, please describe _____

Has a psychological evaluation or clinical educational testing been done on your child?
Yes No If yes, be sure to attach a copy.

Has your child ever been suspended or expelled from a previous school? Yes No
If yes, please explain on the back of this application.

Is your child currently receiving help outside the classroom such as tutoring, reading help, or speech therapy? Yes No If yes, please describe the help: _____

Does your child have any allergies or other health conditions? Yes No If yes, please describe: _____

Does your child take any behavior modification medication? Yes No If yes, please describe: _____

Check the appropriate box if you or a teacher have noted any of the following about your child.

- | | | |
|---|----------------------------------|------------------------------------|
| • Aggressive behavior | <input type="checkbox"/> At home | <input type="checkbox"/> At school |
| • Distractibility | <input type="checkbox"/> At home | <input type="checkbox"/> At school |
| • Has difficulty following oral instructions | <input type="checkbox"/> At home | <input type="checkbox"/> At school |
| • Has difficulty following written instructions | <input type="checkbox"/> At home | <input type="checkbox"/> At school |
| • Has difficulty with oral expression | <input type="checkbox"/> At home | <input type="checkbox"/> At school |
| • Disturbs others when in group settings | <input type="checkbox"/> At home | <input type="checkbox"/> At school |
| • Does not complete tasks | <input type="checkbox"/> At home | <input type="checkbox"/> At school |
| • Needs constant direction | <input type="checkbox"/> At home | <input type="checkbox"/> At school |
| • Withdrawals from group settings | <input type="checkbox"/> At home | <input type="checkbox"/> At school |
| • Does not respond to discipline | <input type="checkbox"/> At home | <input type="checkbox"/> At school |

Please list all of your other children and indicate their current grade along with their application status.

<u>Name</u>	<u>Current Grade or age</u>	<u>Applying to CCA</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

What do you see as the parent's role in their child's education?

What do you believe is the purpose of the educational program at CCA?

Why do you want your child to be a student at CCA?

CHURCH AFFLIATION

Do you regularly attend Calvary Chapel of Boston? Yes No How often? _____

If yes, how long have you been in regular attendance? _____

Which services do you attend? Sunday 10:00 AM Sunday PM Wednesday PM

Name of a Calvary Chapel pastor, school employee or church attendee involved in ministry that you know personally. _____

List the ministries and activities that you are involved in at Calvary Chapel.

If you do not attend Calvary Chapel, name the church you attend:

Please submit a letter from your Senior Pastor confirming regular family attendance and a letter from the Youth Leader approving the student's spiritual condition.

Please describe your participation and ministry in that church:

Please describe your personal relationship with Jesus Christ:

Please have the student applying to CCA complete the following statement.

Please write in your own words a brief statement that expresses your personal relationship to Jesus Christ.

APPLICATION CHECKLIST

(Please mark each box as you complete one.)

- I have completed all parts of this application. Incomplete applications will not be processed.
- I have enclosed a copy of the most recent report card.
- I have enclosed a copy of all achievement testing that has been done on my child.
- I have enclosed a copy of all psychological and educational testing done on my child.
- I have attached a photo of my child. (For identification purposes)
- I have enclosed application fee. This fee is non-refundable.

In signing this application, I agree that:

- All of the information provided is accurate and complete.
- That CCA reserves the right to place my child at the appropriate grade level.
- That CCA reserves the right to dismiss any child that does not cooperate with the educational process.
- I have read the financial policy in the Parent/Student Handbook and will make payments at the appropriate time.

Father's signature: _____

Mother's signature _____

Today's Date _____

