

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 AFFILIATION

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 Wednesday PM

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:

Students applying for third grade and above should respond to 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 _____

