



Calvary Chapel Academy

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

Date: _____

Referred By: _____

For Office Use Only:

Date received: _____

Amount: _____

Fee: Ck # _____ Cash _____

Junior and Senior High School New Student Application for 2020-2021

STUDENT INFORMATION

Name: _____
First Middle Last

Applying for Grade: _____

Age: _____ Date of Birth: ____/____/____ Gender: (please circle) Male Female

Address: _____ Apt.#: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____

Primary Email Address: _____

Student Lives with: _____

Relationship: (please circle) Parent(s) Other: _____

PARENT/GUARDIAN INFORMATION (please circle)

Married Separated Divorced Single Remarried (1 step parent)

Mother Deceased Father Deceased Both Parents Deceased

Other (explain): _____

Father/Guardian: _____
First Middle Last

Occupation: _____ Employer: _____

Work Phone: (____) _____ Ext: _____

Cell Phone: (____) _____

Email Address: _____

Mother/Guardian: _____
First Middle Last

Occupation: _____ Employer: _____

Work Phone: (____) _____ Ext: _____

Cell Phone: (____) _____

Email Address: _____

EDUCATIONAL BACKGROUND

Student Name: _____ Goes By: _____

Present Grade Level: _____

On line 1, list the school that your child is currently attending, and on line 2, list any other previous school.

School Name

Address

Grade Level(s)

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? *(please circle)* Yes No If yes, please describe the circumstances: _____

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

Has a psychological evaluation or clinical educational testing been done on your child? *(please circle)* Yes No If yes, please attach a copy.

Has an IEP (Individualized Education Plan) ever been developed for your child? *(please circle)* Yes No If yes, please attach a copy.

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

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

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

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

Please circle if you or a teacher have noted any of the following about your child at home and/or at school:

- | | | |
|---|---------|-----------|
| • Aggressive behavior | At Home | At School |
| • Distractibility | At Home | At school |
| • Has difficulty following verbal instructions | At Home | At school |
| • Has difficulty following written instructions | At Home | At school |
| • Has difficulty with verbal expression | At Home | At school |
| • Disturbs others when in group settings | At Home | At school |
| • Does not complete tasks | At Home | At school |
| • Needs constant direction | At Home | At school |
| • Withdrawals from group settings | At Home | At school |
| • Does not respond to discipline | At Home | At school |

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

<u>Name(s)</u>	<u>Current Grade or Age</u>	<u>Applying to CCA</u> <i>(please circle)</i>	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	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? *(please circle)* Yes No If yes, how often? _____

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

Which services do you attend? *(please circle)* Sunday 10:00 AM Wednesday 7:00 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 your church: _____

Please describe your personal relationship with Jesus Christ:

Please have the student applying to CCA complete the following:

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

APPLICATION CHECKLIST

- 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 my child's achievement tests.
- I have enclosed a copy of all psychological and educational testing pertaining to my child.
- I have attached a photo of my child. (For identification purposes only)
- I have enclosed the application fee. This fee is non-refundable.

In signing this application, I agree that:

- All of the information provided is accurate and complete.
- CCA reserves the right to place my child at the appropriate grade level.
- 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/Guardian's Signature: _____

Mother's/Guardian's Signature: _____

Today's Date: _____

