



# 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 2022-2023

### 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? \_\_\_\_\_

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.

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**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 of \$100.00. (This fee is non-refundable; however, if a student is not accepted to CCA, the application fee will be returned.)

**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: \_\_\_\_\_

