



# 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 \_\_\_\_\_

## Elementary School New Student Application for 2024-2025

### STUDENT INFORMATION

Name: \_\_\_\_\_  
First Middle Last

Applying for Grade: \_\_\_\_\_

For Pre-Kindergarten or Kindergarten, please circle one: **M/W/F** **5 Days**

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:

Name(s)	Current Grade or Age	Applying to CCA	
		<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?

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

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

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**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:

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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: \_\_\_\_\_

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Please describe your personal relationship with Jesus Christ:

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**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.

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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 enclosed a letter of attendance from our senior pastor at our church.
- \_\_\_ 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: \_\_\_\_\_

